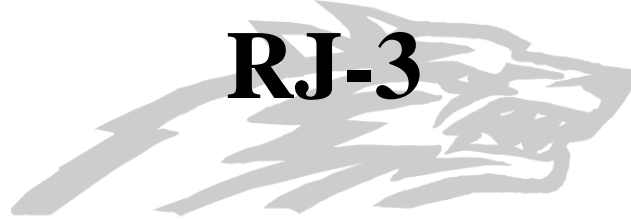


IDALIA SCHOOL DISTRICT

RJ-3



P.O. BOX 40
IDALIA, COLORADO 80735
(970) 354-7298
johnsonm@idaliaco.us

APPLICATION FOR EMPLOYMENT

Mr. _____
Mrs. _____
Miss LAST FIRST MIDDLE
Ms.

Date _____

Position Desired (First Preference Only) _____

AN EQUAL OPPORTUNITY EMPLOYER

IMPORTANT: Before final consideration for employment, the candidate must have on file in the district office a complete set of transcripts and/or a placement file. It is the candidate's responsibility to see that the transcripts and/or placement files are provided. A screening interview is also required. Out-of-state candidates should write to the Colorado Department of Education, 201 E Colfax Ave., Denver, CO 80203, regarding licensing. CDE phone (303) 866-6628. All Applicants must qualify for Colorado Certification prior to employment.

This District does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap, or national origin.

PERSONAL DATA (Please type or print)

1. Name _____ 2. Social Security No. _____

3. Home mailing address: _____ 4. Position Desired: (Please circle one)

Street _____

City _____ Maintenance (12 month) Bus Driver (9 month)

Secretary (10 month) Aide (9 month)

Secretary (12 month) Food Service (9 month)

Zip _____ Phone _____

5. Secretary/Aide Skills

Can you use a keyboard _____ Words per minute _____

Computers operated _____

Computer programs used _____

Can you do double entry bookkeeping _____

Office machines operated _____

6. Bus Driver/Custodial Skills

Do you have a CDL license _____

Are you willing to work overtime and weekends _____

Experienced electrician _____

Plumber _____

Carpenter _____

Mechanic _____

7. When will you be available? _____

8. Present Position _____

9. Reason for leaving present position _____

10. Present (or most recent) administrative supervisor (s):

Name	Position	Phone

11. Have you ever been dismissed or asked to resign from a position? (Please check) Yes No

If yes, explain: _____

12. Education:

NAME OF SCHOOL	LOCATION	NUMBER OF YEARS ATTENDED	DATES	GRADUATION	
				YEAR	DEGREE
HIGH SCHOOL					
UNDERGRADUATE					
GRADUATE					

13. Work Experience:

NAME OF EMPLOYER	LOCATION (CITY, STATE)	NATURE OF WORK	NO. YEARS	DATES		REASON FOR LEAVING
				BEGINNING	ENDING	

14. References:

NAME	YEARS KNOWN	OFFICIAL POSITION	ADDRESS			
			STREET	CITY	STATE	PHONE

CERTIFICATION AND RELEASE

I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the school and/or its agents including consumer-reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers, persons, schools, companies, law enforcement from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If school policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to being offered a position and/or during employment.

Signature

Date