

# IDALIA SCHOOL DISTRICT

## RJ-3



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

## APPLICATION FOR EMPLOYMENT

Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Miss \_\_\_\_\_  
Ms. \_\_\_\_\_

LAST FIRST MIDDLE

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. Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Position Desired: (Please circle one)  
Aide (9 month)  
Bus Driver (9 month)  
Custodian (12 month)  
Food Service (9 month)  
Maintenance (12 month)  
Nurse (9 month)  
Secretary (10 month)
5. Secretary/Aide Skills (if applicable)  
Can you use a keyboard \_\_\_\_\_  
Computers operated \_\_\_\_\_  
Computer programs used \_\_\_\_\_
6. Bus Driver/Custodial Skills (if applicable)  
Do you have a CDL license \_\_\_\_\_  
Are you willing to work overtime and weekends \_\_\_\_\_
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 (CITY, STATE)	NUMBER OF YEARS ATTENDED	DEGREE
HIGH SCHOOL			
UNDERGRADUATE			
GRADUATE			

## 13. Work Experience:

NAME OF EMPLOYER	ADDRESS (CITY, STATE)	NATURE OF WORK	NO. YEAR S	REASON FOR LEAVING

## 14. References:

NAME	POSITION	NO. YEARS	PHONE NUMBER	EMAIL ADDRESS

## 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.*

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 Signature

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 Date