

CHALLIS JOINT SCHOOL DISTRICT #181
P.O. BOX 304 CHALLIS, IDAHO 83226 (208) 879-4231

CLASSIFIED EMPLOYMENT APPLICATION
(Please Print or Type)

NAME: _____
Last First M.I.

CURRENT ADDRESS _____ ALTERNATE ADDRESS _____
Number or P.O. Box Street Apt. Number or P.O. Box Street Apt.

_____ City State Zip _____ City State Zip

TELEPHONE _____ ALTERNATE TELEPHONE _____ ALTERNATE TELEPHONE _____

E-MAIL ADDRESS: _____ MONITORED: DAILY WEEKLY OCCASIONALLY

POSITION APPLIED FOR: _____ BEGINNING: _____

EXPERIENCE - Please list all employment during the past 5 years at least, starting with most recent (attach additional page to describe work performed, or to list additional experience)

<u>POSITION</u> <small>Include City, State</small>	<u>EMPLOYER</u>	<u>PHONE NUMBER</u>	<u>DATES</u> <small>From To</small>	<u>MAY WE CONTACT?</u>
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION - Please list high school and additional education, starting with most recent (attach additional page if needed)

<u>NAME OF SCHOOL</u> <small>Include City, State</small>	<u>DATES</u> <small>From To</small>	<u>COURSE OF STUDY</u>	<u>DEGREE/CERTIFICATE & DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

