

**CLASSIFIED APPLICATION FOR EMPLOYMENT
ST. MARIES JOINT SCHOOL DISTRICT NO. 41**

When completed, return to:
St. Maries Joint School District No. 41
240 S. 11th Street - P. O. Box 384
St. Maries, ID 83861
Phone: 208 245-2579
Fax: 208 245-3970

Web Page: <http://www.sd41.org>

Application

Date: _____

Date Received in District Office: _____

PERSONAL

Last Name

First Name

Middle Name

Other Last Names Used (Including Maiden Name)

Address

Home Phone

Cell Phone

()

()

City

State

Zip Code

Business Phone

Message Phone

()

()

Has Applicant ever applied for employment with St. Maries Joint School District No. 41?

Yes No

If Yes: Month

Year

Location

E-Mail Address:

Position applying for:

Date Applicant will be
available to begin work:

Driver's License No.

State:

Date Issued:

Is Applicant legally eligible for employment in the United States?

Yes

No

EDUCATION

Elementary

High School/GED

Undergraduate
College/University

Graduate/Professional

School Name and
Location:

Number of College Credits
Earned:

Diploma/Degree
Describe Course of Study:

For Instructional Assistant
Positions Only →

If applicable, please
include any Para
Professional Test
Score(s), Date of Test,
and Name of Test

Name of Test Taken:

Date Test Taken:

Test Score(s)

Describe any specialized training or skills, apprenticeship, skills, and extra-curricular activities (language, machine operation, etc.)

Describe any honors received:

State any additional information that may be helpful to St. Maries Joint School District No. 41 in considering this Application?

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

1.

2.

3.

LIST ACCURATE AND COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT POSITIONS
(START WITH PRESENT OR MOST RECENT EMPLOYER, AND INCLUDE ALL PRIOR SCHOOL DISTRICTS)
ATTACH ADDITIONAL SHEETS IF NECESSARY

Company Name:	Telephone: ()
Address:	Employed (Month/Year) From: To:
Name of Supervisor:	Weekly Pay: Start: Finish
Job Title and Description of Work:	Reasons for Leaving:

Company Name:	Telephone: ()
Address:	Employed (Month/Year) From: To:
Name of Supervisor:	Weekly Pay: Start: Finish
Job Title and Description of Work:	Reasons for Leaving:

Company Name:	Telephone: ()
Address:	Employed (Month/Year) From: To:
Name of Supervisor:	Weekly Pay: Start: Finish
Job Title and Description of Work:	Reasons for Leaving:

St. Maries Joint School District No. 41 may contact the employer(s) listed above unless Applicant indicates those which Applicant does not want the District to contact.	DO NOT CONTACT: Employer Name: Reason:
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Has Applicant ever been convicted of a felony?	
Yes	No
Has Applicant ever been convicted of a misdemeanor, been given a suspended sentence, or been given a withheld judgment?	
Yes	No
Is anyone living at Applicant's address required to register for the Sex Offender Registry?	
Yes	No

Names, addresses, and telephone numbers of three references who are not related to Applicant and who are not previous employers:		
NAME	ADDRESS	TELEPHONE

Circle the appropriate response:

I am / am not claiming veteran's preference as per Idaho Code §65-503A. Initials _____

I have / have not previously claimed such preference. Initials _____

1. Applicant affirms that the information provided in this "Application for Employment" is true, correct, and complete. If employed, any misstatement or omission of fact on this Application may result in Applicant's dismissal.
2. Applicant understands and acknowledges that classified personnel are those non-certified employees who are employed by the School District in "AT WILL" positions which do not require certification. All classified personnel shall be regarded as "AT WILL" employees and may be dismissed at the will of either party and the employment relationship may be terminated at any time for any or no reason (so long as the same does not violate any other provision of law.) An employment period, as well as other terms and conditions of employment set forth in a job description shall not create a property right as such and are included for the specific purpose only of providing notice to the employee of the service and expectations of the District so long as the employment relationship continues.
3. Applicant authorizes school districts, institutions of higher education, and individuals employed by the same, with information relating to Applicant's professional and personal qualifications, to furnish to St. Maries Joint School District No. 41, any and all information regarding the undersigned in order that School District authorities may determine Applicant's suitability for the position for which Applicant has applied. It is understood that information obtained by St. Maries Joint School District No. 41 in this regard will be considered confidential and will not be shared with the Applicant.
4. Applicant authorizes authorities of St. Maries Joint School District No. 41 to make inquiry of Applicant's present and past employers and/or professional associates regarding Applicant's character, integrity, and reputation.
5. Applicant authorizes St. Maries Joint School District No. 41 to receive any and all information concerning Applicant contained within the files of the Federal Bureau of Investigation through the fingerprint background process.
6. All finalists for employment with St. Maries Joint School District No. 41 shall undergo a blood or urinalysis test to determine the presence of drugs or controlled substances in the Applicant's system.

St. Maries Joint School District No. 41 is an equal opportunity employer. Qualified Applicants receive consideration for employment without discrimination based on gender, age, national or ethnic origins, race, color, religion or the presence of a non-job-related handicap. Employment is contingent upon the necessary verification and work eligibility.

APPLICANT'S NAME (PRINT)

DATE

APPLICANT SIGNATURE

ST. MARIES JOINT SCHOOL DISTRICT NO. 41
AUTHORIZATION FOR RELEASE OF INFORMATION ON PAST
EMPLOYMENT WITH SCHOOL EMPLOYERS
IDAHO CODE 33-1210

Idaho Law requires Applicants for any position at any Idaho Public School to allow the hiring School District Employer to obtain a copy of past public school employer personnel file materials and other documentation relating to the performance of the Applicant when such Applicant was employed by any other public school, whether in Idaho or any other state.

Before hiring an Applicant for any position, the District must request the Applicant sign this form. Should the Applicant refuse or fail to sign this form, the District is not permitted to hire the Applicant for any position. This authorization does not limit any employer from seeking additional information or disclosures from any Applicant.

This form:

1. Authorizes current and past public school employers of the Applicant/undersigned on this form, including Applicants outside of the State of Idaho, to release to the hiring School District all information relating to the job performance and/or job related conduct of the Applicant and make available to the hiring School District copies of all documents in the previous employer's personnel file, investigative file or other files relating to the job performance of the Applicant; and
2. Releases the Applicant's/undersigned's current and past employers, and employees acting on behalf of the employer, from any liability for providing the above-mentioned information.

§ 33-1210 RELEASE:

I understand that the above requirements are a condition of my obtaining employment with the District and I consent to my current and former employers, both inside and outside the State of Idaho, upon receipt of this signed authorization, to comply with Idaho law. I further consent that such authorization may be provided to the hiring District via electronic means.

Signature of Applicant

Date

Printed Name of Applicant

Identifying Employee Number/Name of Applicant or other Identifying Information for Past Employers (including all prior names used by Applicant)

NAMES AND ADDRESSES OF ALL PRIOR EMPLOYING SCHOOL DISTRICTS:

*Information obtained through the use of this Release will be used only for the purpose of evaluating the qualifications of the Applicant for employment. This information will not be disclosed in any manner other than as provided by Statute.

*A copy of this Release and all information obtained through use of this Release will be placed into the Applicant's Personnel File with the District upon employment of the Applicant, if any.

*An Applicant's failure to disclose any former School District employer, whether within or outside of the State of Idaho, will serve as the basis for immediate termination and, for certificated personnel, may also result in the District's reporting of the individual to the Idaho Professional Standards Commission for a potential violation of the Code of Ethics for Professional Educators.

*By accepting an executed copy of this form, the hiring School District makes no guarantee or promise of employment to the Applicant. Further, the hiring School District may employ the Applicant on a conditional basis pending review of information gathered pursuant to this Release. Such conditional employment is not a guarantee or promise of continued employment with the hiring School District for any length of time or pursuant to any additional conditions.

TRANSPORTATION DEPARTMENT ADDENDUM

CLASSIFIED APPLICATION FOR EMPLOYMENT ST. MARIES JOINT SCHOOL DISTRICT NO. 41

Transportation Department position applying for (mark all that apply):

School Bus Driver Daily Route: _____

School Bus Driver Activity Route: _____

School Bus Driver Substitute: _____

School Bus Mechanic: _____

Commercial Driver's License Classifications Currently Held:
(Circle all that apply)

CLASS A

CLASS B

CLASS C

Commercial Driver's License Endorsements Currently Held:
(Circle all that apply)

Double/Triple (T)

Hazardous Materials
(H)

Passenger (P)

School Bus (S)

Tank Vehicles (N)

Tank Vehicles /
Hazardous
Materials (X)

In the event Applicant is offered employment as a school bus driver, Applicant will be required to secure an Idaho Commercial Driver's License (CDL) with Passenger, School Bus, and Air Brake Endorsements, a Department of Transportation (DOT) School Bus Driver's Health Certificate, Consent to a DOT Controlled Substance Test and a Fingerprint and Background Procedure as required by federal regulations.

EXPERIENCE AS A DRIVER:

Has Applicant had any type of vehicle accident in the last three years?
Yes No

Car Years Have demerit points been assigned against Applicant's driver's license in the last three years?
Yes No

Truck Years Has Applicant ever had his/her driver's license revoked?
Yes No

Bus Years Has Applicant ever been convicted of a moving traffic offense, been given a suspended sentence, or been given a withheld judgment related to the operation of a motor vehicle?
Yes No

APPLICANT NAME (PRINT)

DATE

APPLICANT SIGNATURE

TRANSPORTATION DEPARTMENT ADDENDUM

***St. Maries Joint School District No. 41
Department of Transportation Drug Testing Program
Controlled Substance Testing Consent Form
Prospective Employees***

As a part of my Application for Employment as a Transportation Department Employee for St. Maries Joint School District No. 41, I consent to a drug/alcohol test as required by federal regulations.

I understand that if I test positive for illegal drugs or alcohol, I will not be offered employment.

I understand that the collection, testing, and reporting of my specimen will be done in accordance with Department of Transportation regulations relating to the testing of controlled substance. If I am taking any prescription medication at the time of the drug test, I will be afforded an opportunity to discuss that with a Medical Review Officer (MRO) if my test comes back positive for illegal drugs.

I consent to the release of my drug and alcohol test results received by a certified drug testing firm, as the representative of the District, and the Medical Review Officer (MRO), to St. Maries Joint School District No. 41 authorities and understand that those test results will be held in confidence by them.

I further consent to St. Maries Joint School District No. 41 contacting those employers for whom I have worked as a commercial vehicle operator for the past three (3) years for the purpose of St. Maries Joint School District No. 41 verifying from my past employers whether I have tested positive for illegal drugs or alcohol. I understand that consequences for refusing a test are the same as if the employee had a verified positive drug test or an alcohol test of 0.04 or greater. In the event that the District receives information from a past employer that I have tested positive for illegal drugs or alcohol within the last three (3) years, I will not be offered employment, or my conditional employment will be terminated with St. Maries Joint School District No. 41. I consent to the release of that information by those employers for whom I have worked during the past three (3) years as a commercial vehicle driver.

APPLICANT NAME (PRINT)	DATE
APPLICANT SIGNATURE	

TRANSPORTATION DEPARTMENT ADDENDUM
TRANSPORTATION FAX COMMUNICATION
REQUEST FOR PAST DRUG AND ALCOHOL INFORMATION

FROM: St. Maries Joint School District No. 41		TO: Company Name:
Address: 240 S. 11 th Street, P. O. Box 384 St. Maries, ID 83861		Address:
Contact Person: Human Resources		Contact Person:
Phone: (208) 245-2579		Phone:
Fax: (208) 245-3970		Fax:

Applicant _____ (prospective employee) has applied to St. Maries Joint School District No. 41 for the purpose of being hired to operate a commercial vehicle. On the Application for Employment with St. Maries Joint School District No. 41, the Applicant has listed your company as an employer he/she has worked for within the past three (3) years as a commercial vehicle drive.

As required by Department of Transportation (DOT) 382.405(f) and (h) and 382.413, St. Maries Joint School District No. 41 is requesting that you provide to it the following information (please circle the applicable answers):

1. Has the above Applicant ever tested positive for controlled substance in the last three years?	Yes No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last three (3) years?	Yes No
3. Has this person ever refused a required test for drugs or alcohol in the last three (3) years?	Yes No

****If the answer to any of the above questions is yes, please call before faxing this reply.****

Previous Employer Contact Signature:	Date:
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The following release will facilitate your response to this request. The nature of this request is urgent, and St. Maries Joint School District No. 41 requests that this response be faxed directly to the attention of the undersigned Transportation Supervisor.

ST. MARIES JOINT SCHOOL DISTRICT NO. 41:	DATE:
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CONSENT AND RELEASE OF ALCOHOL AND CONTROLLED SUBSTANCES TESTING

I consent to the release of the above information regarding any drug and alcohol test results performed during my employment with the above referenced prior employers.

APPLICANT NAME: (PRINT)	DATE:
APPLICANT SIGNATURE:	

GENERAL

This Policy is promulgated by the St. Maries Joint School District No. 41 Board of Trustees toward the end of creating a drug-free school environment. Enhanced productivity, employee safety, and decreased health and accident costs are the intended products of this Policy. Moreover, because School District employees supervise and act as role models for the students of this District, this Policy is intended to promote and protect student health and safety.

All finalists for employment by St. Maries Joint School District No. 41 shall undergo a blood and/or urinalysis test to determine the presence of drugs or controlled substances in the applicant's system.

A refusal by any finalist for employment to submit to a pre-employment drug testing shall constitute an automatic withdrawal of any further consideration of that finalist for employment by the District.

The test will be administered by a person of the District's choice ("testing facility"), which person shall be qualified to perform the examination using testing methods that are technologically current and procedures that are legally adequate. All results will be kept confidential. These procedures will provide for the following:

1. Proper collection and storage of the sample and documentation of the chain of custody of a sample; and
2. Application of the same or an alternative testing method to confirm results that show "positive" initially.

When a positive test result is received by the District, the District reserves the right to:

1. Cease any and all contract negotiations between the District and the finalist;
2. Refuse to offer any future employment to the finalist;
3. Withdraw from consideration that individual's application for employment; and
4. Release any finalist from temporary employment.

These procedures as required by District policies shall adhere to all state and federal laws and the finalist may be given an opportunity to rebut or explain the results of a positive test.

Test results and other personally identifiable medical information received by the District as a result of the application of this procedure shall be treated as confidential and will

only be disclosed in connection with and as required by the procedures and proceedings contemplated by this regulation.

A consent form will be signed by the applicant for employment acknowledging the finalist has read, understood, and agreed to all the provisions contained in the Pre-Employment Drug Test Policy, and that the finalist consents to be tested for the presence of drugs in the finalist's system as a pre-condition for employment with St. Maries Joint School District No. 41.

CONSENT TO BE TESTED FOR DRUGS

I, the below named applicant for employment, do hereby acknowledge that I have read, understand, and agree to all the provisions contained in the above titled PRE-EMPLOYMENT DRUG TESTING POLICY, and that I unconditionally consent to be tested for the presence of drugs in my system as a pre-condition for my employment by St. Maries Joint School District No. 41. All results will be kept confidential.

Signature of Applicant

Date

Printed Name**Policy Cross Reference:**

Board Policy 401.19

Drug and Alcohol Free Workplace

Legal Reference:**Policy History:**

Adopted:	03/13/2000
Reviewed:	04/19/2006
Amended:	05/08/2006
Reviewed:	03/10/2014
Amended:	03/10/2014
Reviewed:	01/08/2018
Reviewed:	02/12/2018
Amended:	02/12/2018