

ONEIDA SCHOOL DISTRICT #351

25 E. 50 S., Suite A – Malad City, ID 83252 – (208) 766-4701

General Employment Application

Date of Application: _____ Position Desired: _____

I am seeking: Full Time Part Time Either

Last Name First Name Initial Social Security Number

Address City State Zip Telephone Number

E-mail Address: _____ Cell Phone No.: _____

Are you 18 years of age or older? Yes No

If no, are you at least 16 years of age? Yes No

Educational Training – if you have college credits, please attach a copy of your transcript.

Name of Institution	Date of Graduation	Major	Minor	Degree or Diploma

Special Skills: Please describe skills you possess that would be helpful in the position desired.
Include computer software, equipment and machines with which you have training or experience.

Have you ever been convicted of a criminal offense (other than a traffic violation)? Yes No
If yes, please explain.

Are you able to perform the essential duties of the position for which you are applying? Yes
No

Employment Information: (List most recent employment first)

Year – Dates	Employer's Name, Address & Phone No.	Position Held/Duties Performed, Name of Immediate Supervisor	Reason For Leaving
From: To:			
From: To:			
From: To:			
From: To:			

List other job experience or skills that would be relevant to the position for which you are applying.

References: (A) 3 Employer-Professional (B) 3 Character (Do not include relatives)			
	Name	Address	Telephone No.
A	(1)		
	(2)		
	(3)		
B	(1)		
	(2)		
	(3)		

APPLICANT'S SIGNATURE

I understand that Oneida School District #351 follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law, this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing and expressly approved by the Board of Trustees of Oneida School District. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be kept on file for a period of one year. After that time, if I wish to be considered for employment, I must submit a new application. I understand that it is my responsibility to notify the district Business Manager if I would like to be considered for a position other than the position listed on this application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant _____ Date _____

Equal Opportunity Employer