Cascade School District #422 209 School Street, Box 291 Cascade, ID 83611-0291 208-630-6057

APPLICATION FOR EMPLOYMENT CLASSIFIED POSITION

Date of Application			
Name			
Physical & Mailing Address			
Phone Number			
Position Applying For		Date vou can	start
Are you employed now?			
Name as printed on Social Sec			
Please provide any information			ating your
application:			
(Please continue on a supplem	ental sheet, if necessa	ry.)	
IMPORTANT: ALL QUESTIONS MUST FULLYANSWERS WILL NOT BAR AP 1. Have you ever been dismis Yes No	PLICANT FROM EMPLOYME	NT.	
 Have you ever been convic traffic offenses? YesN 	•	demeanor in the last se	even years, excluding
	EDUCATIO		
-		ersity and Summer Scho	pols
Name and Location of Institutions Attended	Period(s) Attended	Date of Graduation	Degree or Diploma

(Please continue on a supplemental sheet if necessary.)

List current and all previous employment, starting with the most recent:						
Employer and Address	From	To Positions Held				
	Month/Year	Month/Year Duties Performed Reason for Leaving				
(Please continue on a supplemental sheet.)						

References:

Please list three persons who have served as your employer and/or supervisor if you have been recently employed. If not, please list persons who know you well enough to evaluate your general work habits.

Name		
Title or Position		
Address		
Phone #		
Email		

Please provide additional information which you believe will assist in arriving at a true estimate of your qualifications. Summarize special skills and qualifications acquired from employment or other experience.

(Please continue on a supplemental sheet if necessary.)

Are you willing to pay for a background check that is required by State law if hired? Yes_____ No_____

Are you willing to provide the School District with a drug test? Yes_____ No_____

PERSONAL INTERVIEWS FOR EMPLOYMENT

The Cascade School District #422 will interview only applicants who are finalists for vacant positions. The Cascade School District does not reimburse expenses incurred for the personal interview.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for shall constitute sufficient grounds for termination of employment. All new classified employees for the Cascade School District will be hired on a 90 day trial basis.

I acknowledge I am required to read and understand the District's Drug and Alcohol policy 5320 and return signed forms 5320F1 and 5320F2 with my application.

I solemnly swear (affirm) that the statements included in this application are true and correct.

Date_____ Signature of Applicant_____