

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 _____ Email _____

Position Applying For _____ Date you can start _____

Are you employed now? _____

Name as printed on Social Security card _____

Please provide any information which you think will be of assistance in evaluating your application: _____

(Please continue on a supplemental sheet, if necessary.)

IMPORTANT: ALL QUESTIONS MUST BE ANSWERED. IF ANSWER IS YES, USE SUPPLEMENTAL SHEET AND EXPLAIN FULLY---ANSWERS WILL NOT BAR APPLICANT FROM EMPLOYMENT.

1. Have you ever been dismissed, fired or released from any previous employment?
Yes___ No___
2. Have you ever been convicted of a felony or a misdemeanor in the last seven years, excluding traffic offenses? Yes___ No___

EDUCATION

Include High School, College, University and Summer Schools

Name and Location of

Institutions Attended Period(s) Attended Date of Graduation Degree or Diploma

Name and Location of Institutions Attended	Period(s) Attended	Date of Graduation	Degree or Diploma

(Please continue on a supplemental sheet if necessary.)

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 _____