

Lapwai School District 341

404 South Main St, Lapwai, ID 83540
Phone (208) 843-2622, Fax 208-843-7746
An Equal Opportunity Employer

Classified Application

APPLICANT INFORMATION		
Last	First	Middle Initial
Street Address	Box No.	
City	State	Zip
Phone	Other/Message Phone	
Other Name(s) under which references or other employers know you:		E-mail

POSITION(S) FOR WHICH YOU ARE APPLYING		
<input type="checkbox"/> Secretarial	<input type="checkbox"/> Custodial	<input type="checkbox"/> Para educator
<input type="checkbox"/> Attendance	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Tutor
<input type="checkbox"/> Food Service	<input type="checkbox"/> Bus driver	<input type="checkbox"/> Other _____
Would you work as a Substitute? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which areas:
Are you legally eligible for employment in United States? (Proof of citizenship or immigration status will be required if employed)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Bilingual Skills: Are you bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
What Language(s)? _____		
EMPLOYMENT STATUS		
• Are you presently under contract and/or employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
• When would you be available to start employment? _____		
• Are you a former employee of the Lapwai School District? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, list dates and positions: _____		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:		

Are you currently under investigation by any educational or law enforcement agency? _____		

If the position applies for requires a Driver's License, Do you have a have a valid License? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION/TRAINING				
	High School	Vocational Training / School	Undergraduate College / University	Graduate Professional
School Name/Location				
Years Completed (circle last year)	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree & Year Of Graduation				
Date(s) Attended				
Course of Study				

WORK EXPERIENCE – PLEASE FILL IN ALL FIELDS IF YOU ARE NOT ATTACHING A RESUME			
Employer		Phone	
Address		Supervisor	
Job Title	Responsibilities		
From	To	Reason For Leaving	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer		Phone	
Address		Supervisor	
Job Title	Responsibilities		
From	To	Reason For Leaving	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer		Phone	
Address		Supervisor	
Job Title	Responsibilities		
From	To	Reason For Leaving	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer		Phone	
Address		Supervisor	
Job Title	Responsibilities		
From	To	Reason For Leaving	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

REFERENCES (Please list three professional references not related to you.)

Name	Company/Address	Phone

Please summarize any job related skills, licenses, or certifications you may have that complement the job you are applying for:

*** PLEASE FILL IN THE AREA(S) WHICH PERTAINS TO YOUR JOB INTEREST(S)**

TRANSPORTATION/BUS DRIVER

Do you currently possess a valid Idaho State Drivers License? Yes No

Do you currently possess a valid Commercial Driver's License with a Class B endorsement for carrying passenger's and for air brakes? Yes No

Do you currently possess a "PS" endorsement? Yes No

Approximate number of years you have possessed an Idaho State Driver's License: _____

List all restrictions placed you're your driving as found on your driver's license? _____

Have you ever had your license revoked? Yes No Is Yes, explain: _____

1. Are you willing to take Department of Transportation required physical for this position? Yes No
2. Are you willing to provide abstract of driving record history for the past five years? Yes No
3. Are you willing to attain CDL endorsement? Yes No
4. Are you willing to attain a "PS" Endorsement? Yes No

FOOD SERVICE

Do you have a valid food handler's permit? Yes No

Have you ever worked in: Institutional kitchen Yes No Restaurant Yes No
 Camp Yes No Other _____

MAINTENANCE/CUSTODIAL

Please list experience in any of the following.

Plumbing, Electricity, Carpentry, Irrigation, Welding, other _____

COACHING

Do you have a current First Aid Card? Yes No

Do you have a current CPR Card? Yes No

Have you taken any sports medicine classes? Yes No If yes, where? _____

Please briefly list your Coaching Experience				
School/Organization	Sport/Activity	Dates From	Dates To	Responsibility and/or position title

What is your Coaching Philosophy? _____

THE LAPWAI SCHOOL DISTRICT IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

The Lapwai School District prohibits discrimination based on race, color, religion, creed, national origin, gender, sexual orientation, marital status, age, pregnancy, or the presence of a disability, or any other basis prohibited by law. The District is an equal opportunity employer, supports the spirit, policies and practices of affirmative action.

CERTIFICATION, AUTHORIZATION AND RELEASE

I hereby certify that all the information I have provided in this application is true and correct. I authorize the Lapwai School District to make an investigation of my personal, educational, vocational and/or employment history. I further authorize any current/former employer, person, firm, corporation, educational or vocational institution, or governmental agency to provide the Lapwai School District with information regarding me. I hereby release and discharge the Lapwai School District and those who provide information from any and all liability as a result of furnishing and receiving this information.

I further agree that if an offer of employment is made to me, I will provide verification of my certification, education and experience. I understand and agree that falsification of any part of this application shall be sufficient cause for dismissal or refusal to hire. References and personal information which become a part of this application will be regarded as confidential. I understand that any offer of employment that may be made to me is contingent on a criminal history background information check, and approval of the District's Board of Directors.

Applicant Signature: _____ **Date:** _____