

DIETRICH SCHOOL DISTRICT NO. 314

Home of the Blue Devils

APPLICATION FOR EMPLOYMENT

Substitute Bus Driver

All positions are filled without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related condition or handicap or any other legally protected status.

(Please Print)

Position Applied For	Date of Application		
Last Name	First Name		
Address			
City	State	Zip	
Telephone Number			
Email Address			
Have you ever been employed by the District before?			No
If Yes, give date(s)			
Are you currently employed?		Yes	No
May our District representative contact your properties.	ct your present employer? Yes		No
Are you prevented from lawfully becoming employed in this country because of visa or immigration status?			No
On what date would you be available for work	?		
Are you available to work: Full Time	Part Time Shift Work		Temporary
Can you travel if a job requires it?		Yes	No
Have you ever been convicted of a felony or a offences?	misdemeanor including traffic	Yes	No
If so, explain:			

EMPLOYMENT EXPERIENCE

Start with most recent employment first and include any military service assignments.

1.	Employer	Dates of Employment		
	Address			
	Telephone Number			
	Job Title	Supervisor		
	Description of Work			
2.	Employer	Dates of Employment		
	Address			
	Telephone Number	Reason for Leaving		
	Job Title	Supervisor		
	Description of Work			-
3.	Employer	Dates of Employment		
	Address			
	Telephone Number	Reason for Leaving		
	Job Title	Supervisor		
	Description of Work			
	If you need additional space	e, please use a separate sheet of paper.	i	
Experience as a driver of a: Pleasure Type		e Car Years		
	Truck	Years		
	Bus	Years		
Do you	a hold a valid CDL License with School Bus 6	endorsements?	Yes	No
If	Yes, Date Issued:			
Have y	ou ever had your license revoked?		Yes	No
If	Yes, when?			
	event you are employed as a Bus Driver, will e and a Bus Driver's Health Certificate?	you furnish an Idaho CDL	Yes	No Page 2

<u>EI</u>	DUCATION					
Hi	gh School Name					
Lo	cation	Years Completed	Years Completed			
Di	ploma	Date Graduated				
<u>RI</u>	EFERENCES					
	ve name, address, and telephone number of throughly	ee references who are not related to you ar	id are not	previous		
1.	Name	Telephone Number				
2.	Name	Telephone Number				
3.	Name	Telephone Number				
	Are you physically or otherwise unable to per are applying?	form the duties of the job for which you	Yes	No		
	I give permission for Dietrich School District information for all past employment	to contract and gain employment	Yes	No		
Sta	ate any additional information you feel may be	helpful to us in considering your application	on			
	l prospective employees must be cleared throug fore an employment contract is considered valid		ckground	check		
	AUTHORIZE AN INVESTIGATION OF ALL OR EMPLOYMENT AS MAY BE NECESSAF					
ST KI Al RI UI OI	Y YOUR SIGNATURE, UPON THIS APPLICATION THIS APPLICATION OWLEDGE AND BELIEF. YOU FURTHER BIDE BY IDAHO CODE AND THE STATE BELATIVE TO THE RESPONSIBILITY AND CONDERSTAND THAT I AM REQUIRED TO AS THE DISTRICT. ENTRY OF FALSE INFOR SHARGE.	ON ARE TRUE AND CORRECT ACCOR R ATTEST AND AFFIRM THAT YOU H BOARD OF EDUCATION RULES AND I CONDUCT OF CERTIFICATED IDAHO BIDE BY ALL RULES, REGULATIONS	DING TO [AVE AN] REGULA EDUCA S AND PO	YOUR D WILL TIONS TORS. I DLICIES		
Si	gnature of Application	Date				