

MELBA SCHOOL DISTRICT #136

520 BROADWAY, P.O. BOX 185

MELBA, ID 83641

208-495-1141

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Last Name	First Name	Middle Name
Address	Street	City State Zip Code
Telephone Number(s)	Social Security Number	

Position Applied For	Date of Application
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DIRECTIONS: Complete the this form, and return with a resume or any other information that you feel will be useful to determine your employment history. A background check (finger-printing) is required on all individuals hired by the District, at a cost to you.

The Melba School District is an equal opportunity employer. Hiring is done without regard to race, color, religion, national origin, sex, age or disability. Appropriate consideration shall be given to veterans in accordance with applicable state and federal laws and regulations.

Have you ever filed an application with the District before? Yes No
If Yes, give date(s) _____

Have you ever been employed by the District before? Yes No
If Yes, give date(s) _____

Are you currently employed? Yes No

May our District contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work: Full time Part time Temporary

Are you a veteran? _____ If yes attach a copy of your DD-214 form.

Have you ever been convicted of a felony?
If Yes, Please explain: _____

EMPLOYMENT EXPERIENCE

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

Employer	Dates Employed		Description of Work Performed	
Address	From	To		
Telephone Number(s)				
Job Title			Supervisor	
Reason for Leaving				

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EDUCATION

	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location			
Dates Attended			
Graduation Date			
Degree, Major			
Certified			
Describe any specialized training, apprenticeship, skills and extra-curricular activities.			
Describe any honors you have received.			
List any special skills and qualifications. (Please summarize)			
State any additional information you feel may be helpful to us in considering your application.			

REFERENCES

List three (3) references below who are not related to you and are not previous employers.

Name	Occupation	Telephone Number
1.		
2.		
3.		

I hereby certify that all of the attached information has been given in good faith and is correct to the best of my knowledge. I understand that if any discrepancies become evident in my answers, this could result in my discharge should I be employed by the Melba School District #136.

_____ Date

_____ Signature