

Educating Today's Children for Tomorrow's World

100 Centerville Road PO Box 227 Idaho City, ID 83631 www.basinschools.net

| When completed please return to:                                                                             |                               | Date of Application:      |                         |  |  |
|--------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------|-------------------------|--|--|
| Basin School District P O Box 227 – 100 Centerville Rd. Idaho City, ID 83631 (208)392-4183 FAX (208)392-9954 |                               | Date Received:            |                         |  |  |
| (First Name )                                                                                                | (Middle Initial)              | (Last Name)               |                         |  |  |
| (Mailing Address: Street # or PO Box                                                                         | #) (City)                     | (State)                   | (ZIP)                   |  |  |
| (Telephone number)                                                                                           | (email address)               | (Social Se                | ecurity number)         |  |  |
| With whom (name and phone #) cou                                                                             | ld a message be left?         |                           | ·                       |  |  |
| Other Names (maiden or previous) th                                                                          | nat your recommendations ma   | ay be listed under?       |                         |  |  |
| Title of position(s) you are applying f                                                                      | or (please be specific):      |                           |                         |  |  |
| Availability date?                                                                                           |                               |                           |                         |  |  |
| Have you ever been charged with a f been given a withheld judgement or please explain and record the date    | pleaded 'No Contest" in regar | ds to a felony? if yes to | either question,        |  |  |
| Supply all requested information and compensate for experience. Explain                                      |                               | , ,                       | the district is able to |  |  |
| Are you a veteran? No□ Yes□                                                                                  |                               |                           |                         |  |  |

Basin Schools are committed to providing preference to hiring and promoting qualified veterans and disabled veterans.



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This application will be considered only if all questions are answered and all sections are complete. Selected applicants will be called for personal interviews, which are required before hiring.

| Training/School      |         | ne and   |             | Did you                        | Degree                  | Course                         |
|----------------------|---------|----------|-------------|--------------------------------|-------------------------|--------------------------------|
|                      | Loc     | ation    |             | Graduate                       | & Date                  | or Major                       |
| High School          |         |          |             |                                |                         |                                |
| College              |         |          |             |                                |                         |                                |
| Conege               |         |          |             |                                |                         |                                |
| Other                |         |          |             |                                |                         |                                |
| Other                |         |          |             |                                |                         |                                |
| Circle the compute   | er soft | ware     | vou are fa  | liar with 1 heing never use    | ed it 2 use it hut nee  | d some additional training, or |
| proficient at using  |         |          |             | mar with, I being never as     | ed it, 2 dde it bat nee | a some additional training, or |
|                      |         |          |             |                                |                         |                                |
| Microsoft Word       | 1       | 2        | 3           |                                |                         |                                |
| Microsoft Excel      | 1       | 2        | 3           |                                |                         |                                |
| Google Docs          | 1       | 2        | 3           |                                |                         |                                |
| Google Sheets        | 1       | 2        | 3           |                                |                         |                                |
| Gmail                | 1       | 2        | 3           |                                |                         |                                |
|                      |         |          |             |                                |                         |                                |
| List any training pe | ertinei | nt to    | the positio | you are applying for you _     |                         |                                |
|                      |         |          |             |                                |                         |                                |
|                      |         |          |             |                                |                         |                                |
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|                      |         |          |             |                                |                         |                                |
|                      |         |          |             |                                |                         |                                |
|                      |         |          |             |                                |                         |                                |
| List or describe ot  | ner ski | ills tha | at you feel | ill be helpful in the positior | n for which you are a   | pplying:                       |
|                      |         |          |             |                                |                         |                                |
|                      |         |          |             |                                |                         |                                |
|                      |         |          |             |                                |                         |                                |
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List three (3) references capable of assessing your ability to perform the duties of the position for which you are applying. Please list the most current and available.

| Name                           | Official Position | Address             | Tele                     | phone Number |  |
|--------------------------------|-------------------|---------------------|--------------------------|--------------|--|
|                                |                   |                     |                          |              |  |
|                                |                   |                     |                          |              |  |
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|                                |                   |                     |                          |              |  |
|                                |                   |                     | •                        |              |  |
|                                |                   |                     |                          |              |  |
| Work Experience-List most re   | cent first        |                     |                          |              |  |
| 1                              |                   |                     |                          |              |  |
| (Employer/Firm)                |                   | ldress)             | (Type of Busin           | ness)        |  |
| Date of Employment: Start [    | Date              |                     | Leave Date               |              |  |
| Position Title:                |                   | Reason for Leaving  | j:                       |              |  |
| Supervisors Name and Title:_   |                   |                     | May we call this employe | er? Y N      |  |
| Employer's address:            |                   | Employer's Phone #: |                          |              |  |
| Diagonal describes in detail   | المالية           |                     |                          |              |  |
| Please describe in detail your | auties:           |                     |                          |              |  |
|                                |                   |                     |                          |              |  |
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| 2                              |                   |                     |                          |              |  |
| (Employer/Firm)                |                   |                     |                          |              |  |
| Date of Employment: Start [    | Date              |                     | Leave Date               |              |  |
| Position Title:                |                   | Reason for Leaving  | j.                       |              |  |
| Supervisors Name and Title:_   |                   |                     | May we call this employe | er? Y N      |  |
| Employer's address:            |                   |                     | Employer's Phone #:      |              |  |



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| loyer/Firm)        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                                    | r foodservice p      | positions, <sub>l</sub> | please ansv          | wer the follow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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If yes,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | please                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                    | ployment: Startle:  ployment: Startle:  s Name and Title  address:  cribe in detail you  parate sheet for  information performation per | ployment: Start Date | ployment: Start Date    | ployment: Start Date | ployment: Start Date Reason for Leaving: Reason for Leaving: May w address: Employ cribe in detail your duties: | ployment: Start Date Reason for Leaving: May we call this emp address: Employer's Phone #: Employer's Phone #: Employer's Phone #: Fribe in detail your duties: Employer's Phone #: Employer's Phone #: Fribe in detail your duties: Employer's Phone #: | ployment: Start Date Reason for Leaving: May we call this employer? Y address: Employer's Phone #: Employer's Phone #: ribe in detail your duties: Employer's Phone #: information pertinent to the position that you are applying for, if any.  If or maintenance, custodial or foodservice positions, please answer the following question you have any allergies that would prevent you from working with cleaning solutions, was rosols, solvents or other chemicals? If yes, please explain you have any physical conditions that would prevent you from lifting 50 pounds? If yes, |



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| •                                                                                                                               | Do you have any other conditions that would limit your ability to perform day to day Maintenance and/or Custodial activities? If yes, please explain |  |  |  |  |  |                                |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--------------------------------|
|                                                                                                                                 |                                                                                                                                                      |  |  |  |  |  |                                |
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|                                                                                                                                 |                                                                                                                                                      |  |  |  |  |  |                                |
| All applicants are required by the State of Idaho to complete a background check completed and passed before employment begins. |                                                                                                                                                      |  |  |  |  |  |                                |
| I,Full Name                                                                                                                     | , hereby certify that all information furnished on this application is true and correct.                                                             |  |  |  |  |  |                                |
| The position for which you are applying without cause.                                                                          | is at-will, and therefore, employment can be terminated at any time                                                                                  |  |  |  |  |  |                                |
| Applicant Signature                                                                                                             | Date                                                                                                                                                 |  |  |  |  |  |                                |
| Basin School District is an equal Opportuconsidered.                                                                            | unity Employer/Educator. Applicants from all qualified individuals are                                                                               |  |  |  |  |  |                                |
| When completed please return to:                                                                                                |                                                                                                                                                      |  |  |  |  |  |                                |
| Basin School District<br>P O Box 227 – 100 Centerville Rd.<br>daho City, ID 83631                                               |                                                                                                                                                      |  |  |  |  |  |                                |
|                                                                                                                                 |                                                                                                                                                      |  |  |  |  |  | 208)392-4183 FAX (208)392-9954 |

Pick up a Background Investigation Check application from the Basin School District Office. You will have to pay \$28.25 for the mandatory background check and submit it to the district once completed at the local Sheriff's office or other finger printing locations. If you are accepted for the position the district will reimburse the full cost of \$28.25.