Idaho School for the Deaf and the Blind

Serving the Deaf and the Blind Students of Idaho since 1906

Today's Date: 10/14/05

APPLICATION FOR EMPLOYMENT

Application Data:

First Name:		**Last Name:**	
Mailing Address:		**City:**	
State:		**Zip code:**	
Home Phone:		**Message Phone:**	
Referral Source:			
Email Address:			
Position Applying:		**Are you 18 Years of Age or Older:**	☐ Yes ☐ No
Date Available ToStart Work:		**I certify that I am a U.S. citizen, permanent resident, or a foreign national with the authorization to work in the United States:**	☐ Yes ☐ No

Police Record: Have you ever been convicted of, or entered a plea of guilty or no contest, or had a withheld judgement to a felony? If yes, give date, offense and outcome of each violation. (Answering "yes" will not necessarily disqualify you from employment. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may be considered depending on the position	☐ Yes	☐ No

If Yes Please Explain:

Educational Data:

Personal Achievements and Interests:

List computer Skills/Software:

List any other experience, skills or qualifications:

Educational Data: (Continued)

High School:		Address:			
List Diploma:		Years completed:		Major:	

College 1:		Address:			
List degree:		Years completed:		Major:	

College 2:		Address:			
List degree		Years completed:		Major:	

College 3:		Address:			
List degree:		Years completed:		Major:	

Employment History:

Start with most recent employer and then previous

Company Name:		Phone number:				
Address:		City:		State:		Zip Code:
Supervisors Name:		Date Started:		Date Left:		
Job duties Performed:						
Reason for Leaving:						
Startin g Salary:		Ending Salary:		Contact this employer:		

Company Name2:		Phone number:				
Address:		City:		State:		Zip Code:
Supervisors Name:		Date Started:		Date Left:		
Job duties Performed:						
Reason for Leaving:						
Startin g Salary:		Ending Salary:		Contact this employer:		

Employment History: (continued)

Company Name 3:		Phone number:			
Address:		City:		State:	Zip Code:
Supervisors Name:		Date Started:		Date Left:	
Job duties Performed:					
Reason for Leaving:					
Startin g Salary:		Ending Salary:		Contact this employer:	

References: (please list 3)

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

I certify the information supplied by me in this application is true and correct and I authorize investigation of all statements including former employers and references. I hereby release from all liability or responsibility all persons, companies or corporations furnishing such information. I understand that any misrepresentation or omission of facts by me in this application is cause for dsicharge in the event I am hired. I am aware that ISDB has a drug and alcohol testing policy. The employment relationship with the Idaho School for the Deaf and the Blind is based on the mutal consent of the employee and the employer. The relationship can be terminated at any time.

Signature:	**Date:**

Print Form

Submit by Email

The Idaho School for the Deaf and the Blind is an EEO employer and a drug and alcohol free workplace.

Vet Preference may be given to qualifying Veterans

ISDB 1450 Main Street Gooding Idaho 83330 Phone:208-934-4457 TTY/V Fax:208-934-8352