



**Lapwai School District**  
**P.O. Box 247, Lapwai, ID 83540**  
**Phone (208) 843-2622**  
*An Equal Opportunity Employer*

## Classified Application for Employment

Name: \_\_\_\_\_  
Last
First
Middle

Present Address: \_\_\_\_\_

\_\_\_\_\_  
City
State
Zip:

Permanent Address: \_\_\_\_\_

\_\_\_\_\_  
City
State
Zip

\_\_\_\_\_  
Current Home Phone
Business Phone

\_\_\_\_\_  
Cell Phone
Message Phone

Other name(s) under which references or other employers know you: \_\_\_\_\_

OPTIONAL Social Security Number:

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### POSITION(S) FOR WHICH YOU ARE APPLYING

- |                                       |                                      |                                       |
|---------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Secretarial  | <input type="checkbox"/> Custodial   | <input type="checkbox"/> Paraeducator |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Bus Driver   | <input type="checkbox"/> Tutor       | _____                                 |
| <input type="checkbox"/> Mechanic     |                                      |                                       |

**Bilingual Skills:** Are you bilingual?  Yes  No  Speak  Read  Write

What language? \_\_\_\_\_

### 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 Attended				
Course of Study				

Identify all computer systems and software you have a working knowledge of; number of years training and/or experience:

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE:**

Please list work experiences beginning with the most recent position including present position if employed. Include experience working with children (camp, home, church, community, etc.)

Employer, Address, Street, City	Your Position, Title, Supervisor	Describe Duties	Dates Employed	Reason for Leaving
	Position:		From:	
	Title:		To:	
Phone:	Supervisor:			
	Position:		From:	
	Title:		To:	
Phone:	Supervisor:			
	Position:		From:	
	Title:		To:	
Phone:	Supervisor:			
	Position:		From:	
	Title:		To:	
Phone:	Supervisor:			

References: Give name, address, and telephone number of three references who are not related to you.

_____	_____	_____
Name	Address	Phone Number
_____	_____	_____
Name	Address	Phone Number
_____	_____	_____
Name	Address	Phone Number

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

**SECRETARIAL**

Typing Skills \_\_\_\_\_ wpm  
 Computer Skills \_\_\_\_\_ System \_\_\_\_\_  
 Bookkeeping \_\_\_\_\_  
 Knowledge of office equipment \_\_\_\_\_  
 Describe other skill/strength areas \_\_\_\_\_  
 \_\_\_\_\_

**PARAEDUCATOR / TUTOR**

List experience working with children \_\_\_\_\_  
 Describe skill/strength areas \_\_\_\_\_  
 \_\_\_\_\_  
 Typing skills \_\_\_\_\_ wpm Computer skills \_\_\_\_\_ System(s) \_\_\_\_\_  
 Knowledge of office equipment \_\_\_\_\_

**TRANSPORTATION**

Have you been employed as a mechanic? \_\_\_\_\_  
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  
Approximate number of years you have possessed an Idaho State Driver's License: \_\_\_\_\_  
What type? \_\_\_\_\_  
List all restrictions placed you're your driving as found on your driver's license? \_\_\_\_\_  
Have you ever had your license revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No Explain: \_\_\_\_\_  
Do you currently possess an "S" endorsement? \_\_\_\_\_ Yes \_\_\_\_\_ No

**BUS DRIVER REQUIREMENTS**

- 1. Are you willing to take Department of Transportation required physical for this position? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2. Are you willing to provide 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 an "S" Endorsement? \_\_\_\_\_ Yes \_\_\_\_\_ No

**FOOD SERVICE**

Do you have a valid food handlers permit? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Have you ever worked in an institutional kitchen? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ restaurant? \_\_\_\_\_ camp? \_\_\_\_\_ other?  
Do you do cooking? \_\_\_\_\_ menu planning? \_\_\_\_\_ buying? \_\_\_\_\_  
Have you supervised kitchen activities? \_\_\_\_\_ Yes \_\_\_\_\_ No How many employees? \_\_\_\_\_

**MAINTENANCE/CUSTODIAL**

Knowledge  
1. Plumbing \_\_\_\_\_  
2. Electricity \_\_\_\_\_  
3. Carpentry \_\_\_\_\_  
4. Irrigation \_\_\_\_\_  
5. Welding \_\_\_\_\_

Describe other strengths \_\_\_\_\_  
\_\_\_\_\_

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

**COACHING**

Sport(s) Sought? \_\_\_\_\_  
Experience \_\_\_\_\_

Coaching Experience:

School/Firm/Agency	Assignment	Date of Employment

Do you have a current First Aid Card? \_\_\_\_\_  
Do you have a current CPR Card? \_\_\_\_\_  
Have you taken any sports medicine classes? \_\_\_\_\_ If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

**EMPLOYMENT HISTORY**

- Are you presently under contract?  No  Yes – *If yes, with whom?* \_\_\_\_\_
- What is your present position (Title)? \_\_\_\_\_
- Are you a former employee of the Lapwai School District?  
 No  Yes If so, list dates and positions: \_\_\_\_\_

**REMINDER**

- Please use the following checklist as your guide to fulfilling the requirements for a **complete application file**.
- **CHECKLIST**

<i>Mandatory</i>	<i>Optional</i>
1. Complete application form, including inserts.	Optional Confidential Data Form (Insert A)
2. General Cover Letter stating your qualification for the type of positions for which you are applying addressed to the Superintendent.	Any additional current data, such as awards, references, or letters.
3. Current Résumé – A resume is strongly encouraged for all positions, but is <b>required</b> for supervisory and professional-technical positions.	
4. Applicant Disclosure Statement (Insert B).	
5. Reference Forms completed by at least two (2) people-one must be from a supervisor	
6. A skills test is required for all classified applicants, A clerical test is also required when applying for a clerical position.	

**Applications will remain in active status for two years.**

**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 and shall not be revealed to me. I understand that any offer of employment that may be made to me is contingent on criminal history background information check, and approval of the District’s Board of Directors.

**Applicant Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**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.

Inquiries regarding compliance and complaint procedures can be directed to:

**Affirmative Action/Title IX/ American with Disabilities Act/504 Officer:**  
 Terry N. Smith, Superintendent (208)843-2622

***This is an “at will” position. An “at will” employee may terminate his/her employment or be terminated by the District at any time with or without cause.***