

**Butte County Joint School District # 111**

District Administrative Offices – 250 S. Water St. – PO Box 89 – Arco, ID 83213  
Joe Steele – Superintendent Sharese Maynard– Business Manager  
Phone (208)690-3420 – Fax (208)527-8950 [www.butteschoolsdistrict.org](http://www.butteschoolsdistrict.org)

**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 medical condition or handicap, or any other legally protected status.**

**PLEASE TYPE OR PRINT IN INK**

POSITION APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_

PERSONAL \_\_\_\_\_

Last Name First Name Middle Name

Address City State Zip Code

Telephone Number(s) \_\_\_\_\_

Social Security Number \_\_\_\_\_

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 representative contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Proof of citizenship/Immigration Status will be required upon employment)

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 been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain and identify type of felony and jurisdiction \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
Name & Location of School				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course Of Study				
Describe any specialized training, skills, apprenticeship and extra-curricular activities.				
Describe any honors you have received.				
State any additional information you feel may be helpful to us in considering your application.				

**References**

Give name, address and telephone number of three references that are **not** related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Give name, address and telephone number of three work or business references.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List any professional, trade, business or civic activities and offices held. \_\_\_\_\_

\_\_\_\_\_

List any special skills and qualifications. \_\_\_\_\_

\_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

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

1. \_\_\_\_\_  
Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
\_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
Description of Work Performed \_\_\_\_\_

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2. \_\_\_\_\_  
Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
\_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
Description of Work Performed \_\_\_\_\_

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3. \_\_\_\_\_  
Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
\_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
Description of Work Performed \_\_\_\_\_

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4. \_\_\_\_\_  
Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
\_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
Description of Work Performed \_\_\_\_\_

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**Butte County School District will give employment to eligible veterans, who can also provide proof of such eligibility. Any applicant claiming veteran's preference is responsible for providing all necessary documentation of his/her eligibility as a veteran at the time of making application for employment**

Are you claiming veteran's preference? YES \_\_\_\_\_ NO \_\_\_\_\_

**APPLICANT STATEMENT**

**I certify that answers given are true and complete to the best of my knowledge.**

**I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.**

**I hereby understand and acknowledge that any employment relationship with the District is of an “At will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that the nature of this “At will: employment relationship may not be changed by any act unless the Butte County Joint School District Board of Trustees specifically acknowledges such change in writing.**

**In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules, regulations and policies of the Butte County Joint School District.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# BUTTE COUNTY JOINT SCHOOL DISTRICT #111

District Administration Offices – 250 S. Water St. – PO Box 89 – Arco, ID 83213  
Joe Steele – Superintendent Sharese Maynard – Business Manager  
Phone (208) 690-3410 - Fax (208) 527-8950 [www.butteschooldistrict.org](http://www.butteschooldistrict.org)

## REQUEST TO EMPLOYER

Attention: Human Resource Department at \_\_\_\_\_ School District \_\_\_\_\_

Please find attached an authorization to release information regarding a previous employee's information specifically related to **past job performance** (evaluations) and/or job related conduct, if any. In accordance with Idaho Code 33-1210, school districts in Idaho have 20 days from the date of request to provide information.

Name of Former Employee: \_\_\_\_\_

Position Held in your District: \_\_\_\_\_

If there is **no information relating to past job performance** for this previous employee, then please check the box below and send this form back.

No, there is no information on file relating to past job performance for this person.

Yes, there is information on file for past job performance/job related conduct for this person.

If there is information relating to past job performance, please submit it to us by fax, mail or e-mail. (Please include this sheet if faxing or mailing.)

**Fax: 208-527-8950 Attention: Sharese Maynard HR**

**Mail: Butte County School District #111**

**Attn: Sharese Maynard**

**P.O. Box 89**

**Arco, Idaho 83213**

**E-mail: [maynshar@butteschools.org](mailto:maynshar@butteschools.org)**

Thank you for your time.

Sharese Maynard

Butte County School Business Manager

**AUTHORIZATION FOR RELEASE OF INFORMATION ON PAST  
EMPLOYMENT WITH SCHOOL EMPLOYERS  
IDAHO CODE 33-1210**

Idaho Law requires Applicants for any position at any Idaho Public School to allow the hiring School District to obtain a copy of past public school employer personnel file materials and other documentation relating to the performance of the Applicant when such Applicant was employed by any other public school, whether in Idaho or any other state.

Before hiring an Applicant for any position, the District must request the applicant sign this form. Should the applicant refuse or fail to sign this form, the District is not permitted to hire the Applicant for any position. This authorization does not limit any employer from seeking additional information or disclosures from any Applicant.

- This form:
1. Authorizes current and past public school employer of the Applicant/undersigned on this form, including Applicants outside the State of Idaho, to release the hiring School District all information relating to the job performance and/or job related conduct of the applicant and make available to the hiring School District copies of all documents in the previous employer's personnel file, investigative or other files relating to the job performance of the Applicant and;
  2. Releases the Applicant's/undersigned's current and past employers, and employees acting on behalf of the employer, from any liability for providing the above-mentioned information.

**33-1210 RELEASE:**

I understand the above requirements are a condition on my obtaining employment with the District and I consent to my current and former employers, both inside and outside of the State of Idaho, upon receipt of this signed authorization, to comply with Idaho law. I further consent that such authorization may be provided to the hiring District via electronic means.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_ (Include Maiden Name if previously employed under different name)

Previous School District: \_\_\_\_\_ Position: \_\_\_\_\_

Previous School District: \_\_\_\_\_ Position: \_\_\_\_\_

Previous School District: \_\_\_\_\_ Position: \_\_\_\_\_