

Idaho Educational Services for the Deaf and the Blind (IESDB)

Serving the Deaf and the Blind Students of Idaho Since 1906

APPLICATION FOR EMPLOYMENT

(Please Print Plainly)

APPLICANT DATA

Date: _____

Name:	
Mailing Address:	(City) (State) (Zip)
Home Phone:	Message Phone: E-mail Address:
SOURCE OF REFERRAL: Internet Advertisement Walk-in Employee Relative Other (please elaborate)	
POSITION DESIRED: 1st Choice 2nd Choice:	
DATE AVAILABLE TO START WORK:	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with the authorization to work in the United States. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
POLICE RECORD: Have you ever been convicted of, or entered a plea of guilty or no contest, or had a withheld judgment to a felony? If yes, give date, offense and outcome of each violation. (Answering "yes" will not necessarily disqualify you for 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, however, be considered depending on the position.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATIONAL DATA - List all educational institutions attended and degrees completed.

Name and Location of School	List Diploma/Degree Completed	Year Completed	Major or Principle Courses Studied
High School		1 2 3 4	
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	
Scholastic Honors, Extracurricular Activities:			
PERSONAL ACHIEVEMENTS AND INTERESTS: List any activities, honors or interests that would be helpful on the job or which show leadership ability. Do not list the name of an organization if it is indicative of race, religion, creed, color, sex or national origin of its members.			
COMPUTER SKILLS: List hardware/software used and level of proficiency.			
HAVE YOU EVER BEEN EMPLOYED BY THE IESDB? If yes, please explain. Position Held: _____ Date Hired: _____ Date Left: _____			
LIST ANY OTHER EXPERIENCES, skills or qualifications that are applicable to the job you are seeking.			

EMPLOYMENT DATA - Attach additional sheets if necessary

1. Name, address, & phone of most recent employer COMPANY NAME		Telephone Number	
ADDRESS	CITY	STATE	ZIP
IMMEDIATE SUPERVISOR	Date Hired	Date Left	
YOUR JOB TITLE & DUTIES			
Starting Rate of Pay:		Ending Rate of Pay:	
REASON FOR LEAVING		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Name, address, & phone of previous employer COMPANY NAME		Telephone Number	
ADDRESS	CITY	STATE	ZIP
IMMEDIATE SUPERVISOR	Date Hired	Date Left	
YOUR JOB TITLE & DUTIES			
Starting Rate of Pay:		Ending Rate of Pay:	
REASON FOR LEAVING		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Name, address, & phone of previous employer COMPANY NAME		Telephone Number	
ADDRESS	CITY	STATE	ZIP
IMMEDIATE SUPERVISOR	Date Hired	Date Left	
YOUR JOB TITLE & DUTIES			
Starting Rate of Pay:		Ending Rate of Pay:	
REASON FOR LEAVING		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

LIST THREE PERSONS who are qualified to evaluate your capabilities (other than relatives).			
NAME	ADDRESS	PHONE	TITLE
1.			
2.			
3.			

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 my discharge in the event I am hired. I am aware that the IESDB is a drug and alcohol free workplace. The employment relationship with the Idaho Educational Services for the Deaf and Blind is based on the mutual consent of the employee and the employer. The relationship can be terminated at will any time.

SIGNATURE _____ DATE _____