

VOLUNTEER APPLICATION

Payette School District No. 371J

20 North 12th Street

Payette, Idaho 83661

(208) 642-9366

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. Inquires regarding the application of these regulations may be referred to Mark Heleker, Principal, Payette High School, (208) 642-3327, 20 North 12th Street, Payette, Idaho 83661.

(PLEASE PRINT)

Volunteer Position Applied For _____

Date of Application _____

Last Name _____

First Name _____

Middle Initial _____

Address _____

City _____

State _____

Zip _____

Telephone Number(s) _____

Have you ever filled an application with the District Before? _____

Yes No

If Yes, give date(s) _____

Have you ever volunteered or been employed by the District Before? _____

Yes No

If Yes, give date(s) _____

What date would you be available to volunteer? _____

Have you ever been convicted of a felony? _____

Yes No

If Yes, please explain and identify type of felony and jurisdiction: _____

REFERENCES:

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

1. _____
2. _____
3. _____

Education	Elementary School					High School					Undergraduate College/University				Graduate Professional			
School Name and Location																		
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4	
Diploma/Degree																		
Describe Course of Study																		

EMPLOYMENT HISTORY (Start with most recent and list any military service)

Employer:	Description of Work Performed
Address:	
Telephone Number(s):	
Job Title: Supervisor:	
Dates Employed: From: To:	
Reason for Leaving:	

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Address:	
Telephone Number(s):	
Job Title: Supervisor:	
Dates Employed: From: To:	
Reason for Leaving:	

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

Skills and qualifications (please summarize).

APPLICANT'S STATEMENT

I certify that answers given herein 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 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 such change is specifically acknowledged in writing by the Board of Trustees of the District.

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 district.

Signature of Applicant

Date