

**CLASSIFIED APPLICATION FOR EMPLOYMENT  
WALLACE SCHOOL DISTRICT NO. 393**

REVIEWED 07/23

**Complete and return to:**

Wallace School District No. 393  
501 Western Ave., PO Box 267  
Silverton, ID 83867  
P: (208) 753-4515  
F: (208) 545-1267  
E: cleetch@wsd393.org

Web Page: <http://www.wsd393.org>

Application Date: \_\_\_\_\_

Date Received in District Office: \_\_\_\_\_

**PERSONAL**

Last Name		First Name		Middle Name
Other Last Names Used (Including Maiden Name)				
Address			Home Phone ( )	Cell Phone ( )
City	State	Zip Code	Business Phone ( )	Message Phone ( )
Has Applicant ever applied for employment with Wallace School District No. 393 ? Yes    No    If Yes: Month                      Year                      Location			E-Mail Address:	
Position applying for:		Date Applicant will be available to begin work:	Social Security No.: _____	Driver's License No.: _____
			State: _____	Date Issued: _____
Is Applicant legally eligible for employment in the United States?                      Yes                      No				

**EDUCATION**

	Elementary	High School/GED	Undergraduate College/University	Graduate/Professional
School Name and Location:				
Number of College Credits Earned:				
Diploma/Degree Describe Course of Study:				
For Instructional Assistant Positions Only →	If applicable, please include any Para Professional Test Score(s), Date of Test, and Name of Test	Name of Test Taken:	Date Test Taken:	Test Score(s)

Describe any specialized training or skills, apprenticeship, skills, and extra-curricular activities (language, machine operation, etc.)

Describe any honors received:

State any additional information that may be helpful to Wallace School District No. 393 in considering this Application?

**MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS**

- 1.
- 2.
- 3.



**Mark the appropriate response:**

I am / am not claiming veteran's preference as per Idaho Code §65-503A. Initials \_\_\_\_\_

I have / have not previously claimed such preference. Initials \_\_\_\_\_

1. Applicant affirms that the information provided in this "Application for Employment" is true, correct, and complete. If employed, any misstatement or omission of fact on this Application may result in Applicant's dismissal.
2. Applicant understands and acknowledges that classified personnel are those non-certified employees who are employed by the School District in "AT WILL" positions which do not require certification. All classified personnel shall be regarded as "AT WILL" employees and may be dismissed at the will of either party and the employment relationship may be terminated at any time for any or no reason (so long as the same does not violate any other provision of law.) An employment period, as well as other terms and conditions of employment set forth in a job description shall not create a property right as such and are included for the specific purpose only of providing notice to the employee of the service and expectations of the District so long as the employment relationship continues.
3. Applicant authorizes school districts, institutions of higher education, and individuals employed by the same, with information relating to Applicant's professional and personal qualifications, to furnish to Wallace School District No. 393, any and all information regarding the undersigned in order that School District authorities may determine Applicant's suitability for the position for which Applicant has applied. It is understood that information obtained by Wallace School District No. 393 in this regard will be considered confidential and will not be shared with the Applicant.
4. Applicant authorizes authorities of Wallace School District No. 393 to make inquiry of Applicant's present and past employers and/or professional associates regarding Applicant's character, integrity, and reputation.
5. Applicant authorizes Wallace School District No. 393 to receive any and all information concerning Applicant contained within the files of the Federal Bureau of Investigation through the fingerprint background process.
6. All finalists for employment with Wallace School District No. 393 shall undergo a blood or urinalysis test to determine the presence of drugs or controlled substances in the Applicant's system.

**Wallace School District No. 393 is an equal opportunity employer. Qualified Applicants receive consideration for employment without discrimination based on gender, age, national or ethnic origins, race, color, religion or the presence of a non-job-related handicap. Employment is contingent upon the necessary verification and work eligibility.**

**APPLICANT'S NAME (PRINT)**

**DATE**

**APPLICANT SIGNATURE**

**WALLACE SCHOOL DISTRICT NO. 393**  
**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 Employer 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 employers of the Applicant/undersigned on this form, including Applicants outside of the State of Idaho, to release to 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 file 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 that the above requirements are a condition of my obtaining employment with the District and I consent to my current and former employers, both inside and outside 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.

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Signature of Applicant

Date

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Printed Name of Applicant

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Identifying Employee Number/Name of Applicant or other Identifying Information for Past Employers (including all prior names used by Applicant)

NAMES AND ADDRESSES OF ALL PRIOR EMPLOYING SCHOOL DISTRICTS:

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\*Information obtained through the use of this Release will be used only for the purpose of evaluating the qualifications of the Applicant for employment. This information will not be disclosed in any manner other than as provided by Statute.

\*A copy of this Release and all information obtained through use of this Release will be placed into the Applicant's Personnel File with the District upon employment of the Applicant, if any.

\*An Applicant's failure to disclose any former School District employer, whether within or outside of the State of Idaho, will serve as the basis for immediate termination and, for certificated personnel, may also result in the District's reporting of the individual to the Idaho Professional Standards Commission for a potential violation of the Code of Ethics for Professional Educators.

\*By accepting an executed copy of this form, the hiring School District makes no guarantee or promise of employment to the Applicant. Further, the hiring School District may employ the Applicant on a conditional basis pending review of information gathered pursuant to this Release. Such conditional employment is not a guarantee or promise of continued employment with the hiring School District for any length of time or pursuant to any additional conditions.

# TRANSPORTATION DEPARTMENT ADDENDUM

**DRIVER APPLICANTS ONLY**

## CLASSIFIED APPLICATION FOR EMPLOYMENT

### WALLACE SCHOOL DISTRICT NO. 393

Transportation Department position applying for (mark all that apply):  School Bus Driver Daily Route: _____  School Bus Driver Activity Route: _____  School Bus Driver Substitute: _____  School Bus Mechanic: _____	Commercial Driver's License Classifications Currently Held: (Check all that apply) <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 33%;">CLASS A</td> <td style="width: 33%;">CLASS B</td> <td style="width: 33%;">CLASS C</td> </tr> </table>	CLASS A	CLASS B	CLASS C			
CLASS A	CLASS B	CLASS C					
	Commercial Driver's License Endorsements Currently Held: (Check all that apply) <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 33%;">Double/Triple (T)</td> <td style="width: 33%;">Hazardous Materials (H)</td> <td style="width: 33%;">Passenger (P)</td> </tr> <tr> <td>School Bus (S)</td> <td>Tank Vehicles (N)</td> <td>Tank Vehicles / Hazardous Materials</td> </tr> </table>	Double/Triple (T)	Hazardous Materials (H)	Passenger (P)	School Bus (S)	Tank Vehicles (N)	Tank Vehicles / Hazardous Materials
Double/Triple (T)	Hazardous Materials (H)	Passenger (P)					
School Bus (S)	Tank Vehicles (N)	Tank Vehicles / Hazardous Materials					

In the event Applicant is offered employment as a school bus driver, Applicant will be required to secure an Idaho Commercial Driver's License (CDL) with Passenger, School Bus, and Air Brake Endorsements, a Department of Transportation (DOT) School Bus Driver's Health Certificate, Consent to a DOT Controlled Substance Test and a Fingerprint and Background Procedure as required by federal regulations.

<b>EXPERIENCE AS A DRIVER:</b>		Has Applicant had any type of vehicle accident in the last three years? Yes      No
Car	Years	Have demerit points been assigned against Applicant's driver's license in the last three years? Yes      No
Truck	Years	Has Applicant ever had his/her driver's license revoked? Yes      No
Bus	Years	Has Applicant ever been convicted of a moving traffic offense, been given a suspended sentence, or been given a withheld judgment related to the operation of a motor vehicle? Yes      No

<b>APPLICANT NAME (PRINT)</b>	<b>DATE</b>
<b>APPLICANT SIGNATURE</b>	



## **TRANSPORTATION DEPARTMENT ADDENDUM**

*Wallace School District No. 393  
Department of Transportation Drug Testing Program  
Controlled Substance Testing Consent Form  
Prospective Employees*

As a part of my Application for Employment as a Transportation Department Employee for Wallace School District No. 393, I consent to a drug/alcohol test as required by federal regulations.

I understand that if I test positive for illegal drugs or alcohol, I will not be offered employment.

I understand that the collection, testing, and reporting of my specimen will be done in accordance with Department of Transportation regulations relating to the testing of controlled substance. If I am taking any prescription medication at the time of the drug test, I will be afforded an opportunity to discuss that with a Medical Review Officer (MRO) if my test comes back positive for illegal drugs.

I consent to the release of my drug and alcohol test results received by a certified drug testing firm, as the representative of the District, and the Medical Review Officer (MRO), to Wallace School District No. 393 authorities and understand that those test results will be held in confidence by them.

I further consent to Wallace School District No. 393 contacting those employers for whom I have worked as a commercial vehicle operator for the past three (3) years for the purpose of Wallace School District No. 393 verifying from my past employers whether I have tested positive for illegal drugs or alcohol. I understand that consequences for refusing a test are the same as if the employee had a verified positive drug test or an alcohol test of 0.04 or greater. In the event that the District receives information from a past employer that I have tested positive for illegal drugs or alcohol within the last three (3) years, I will not be offered employment, or my conditional employment will be terminated with Wallace School District No. 393. I consent to the release of that information by those employers for whom I have worked during the past three (3) years as a commercial vehicle driver.

**APPLICANT NAME (PRINT)**

**DATE**

**APPLICANT SIGNATURE**

**TRANSPORTATION DEPARTMENT ADDENDUM  
TRANSPORTATION FAX COMMUNICATION  
REQUEST FOR PAST DRUG AND ALCOHOL INFORMATION**

FROM: Wallace School District No. 393		TO: Company Name:
Address: 501 Western Ave., PO Box 267 Silverton, ID 83867		Address:
Contact Person: Human Resources		Contact Person:
Phone: (208) 753-4515		Phone:
Fax: (208) 753-4151		Fax:

Applicant \_\_\_\_\_ (prospective employee) has applied to Wallace School District No. 393 for the purpose of being hired to operate a commercial vehicle. On the Application for Employment with Wallace School District No. 393, the Applicant has listed your company as an employer he/she has worked for within the past three (3) years as a commercial vehicle driver.

As required by Department of Transportation (DOT) 382.405(f) and (h) and 382.413, Wallace School District No. 393 is requesting that you provide to it the following information (please circle the applicable answers):

1. Has the above Applicant ever tested positive for controlled substance in the last three years?	Yes No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last three (3) years?	Yes No
3. Has this person ever refused a required test for drugs or alcohol in the last three (3) years?	Yes No

**\*\*If the answer to any of the above questions is yes, please call before faxing this reply.\*\***

Previous Employer Contact Signature:	Date:
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The following release will facilitate your response to this request. The nature of this request is urgent, and Wallace School District No. 393 requests that this response be faxed directly to the attention of the undersigned Transportation Supervisor.

WALLACE SCHOOL DISTRICT NO. 393:	DATE:
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**CONSENT AND RELEASE OF ALCOHOL AND CONTROLLED SUBSTANCES TESTING**

I consent to the release of the above information regarding any drug and alcohol test results performed during my employment with the above referenced prior employers.

<b>APPLICANT NAME: (PRINT)</b>	<b>DATE:</b>
<b>APPLICANT SIGNATURE:</b>	