

COUNCIL SCHOOL DISTRICT NO. 13  
P.O. BOX 468  
COUNCIL, ID 83612  
TELEPHONE 253-4217 FAX 253-4297

**APPLICATION FOR EMPLOYMENT**

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FOR POSITION AS: \_\_\_\_\_

**EDUCATION**

	Name of School	Course Completed or Degree Earned	Date of Graduation or Final Year Attended
HIGH SCHOOL:			
COLLEGE:			
BUSINESS/TECHNICAL:			

**EXPERIENCE**

Name & Phone # of Previous Employer	Occupation	Dates From/To	Reason for Leaving	Immediate Supervisor
1)				
2)				
3)				

\*\*List most recent first

**REFERENCES**

Name	Address	Phone #
Business:		
Business:		
Personal:		

**SKILLS**

Please check areas in which you are competent to assist students:

English		Mathematics		Reading		Communication	
Science		Social Studies		Computer		Physical Therapy	

Please describe your experience in working with children:

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The facts set forth above are true and complete. I understand that if employed, false statements on this application shall be considered sufficient grounds for dismissal. I understand that all non-certificated positions are considered "at will" employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_