



*Idalia School District RJ-3*  
*P.O. BOX 40*  
*26845 Road 92-Idalia, CO 80735*  
*Phone 970-354-7298 Fax 970-354-7416*

A completed application includes the following documents:

- cover letter
- completed application
- resume
- 3 letters of recommendation

Any questions, please contact Superintendent Myles Johnson  
at [johnsonm@idaliaco.us](mailto:johnsonm@idaliaco.us) or (970) 354-7298.

# IDALIA SCHOOL DISTRICT

## RJ-3



P.O. BOX 40  
IDALIA, COLORADO 80735  
(970) 354-7298  
johnsonm@idaliaco.us

## APPLICATION FOR EMPLOYMENT

Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Miss                      LAST                                      FIRST                                      MIDDLE  
Ms.

Date \_\_\_\_\_

Position Desired (First Preference Only) \_\_\_\_\_

### AN EQUAL OPPORTUNITY EMPLOYER

*IMPORTANT: Before final consideration for employment, the candidate must have on file in the district office a complete set of transcripts and/or a placement file. It is the candidate's responsibility to see that the transcripts and/or placement files are provided. A screening interview is also required. Out-of-state candidates should write to the Colorado Department of Education, 201 E Colfax Ave., Denver, CO 80203, regarding licensing. CDE phone (303) 866-6628. All Applicants must qualify for Colorado Certification prior to employment.*

*This District does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap, or national origin.*

**PERSONAL DATA** (Please type or print)

1. Name \_\_\_\_\_ 2. Social Security No. \_\_\_\_\_
3. Address: \_\_\_\_\_ City: \_\_\_\_\_
- State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Position Desired: (Please circle one)

- Aide (9 month)
- Bus Driver (9 month)
- Custodian (12 month)
- Food Service (9 month)
- Maintenance (12 month)
- Secretary (10 month)

5. Secretary/Aide Skills (if applicable)

- Can you use a keyboard \_\_\_\_\_
- Computers operated \_\_\_\_\_
- Computer programs used \_\_\_\_\_

6. Bus Driver/Custodial Skills (if applicable)

- Do you have a CDL license \_\_\_\_\_
- Are you willing to work overtime and weekends \_\_\_\_\_

7. When will you be available? \_\_\_\_\_

8. Present Position \_\_\_\_\_

9. Reason for leaving present position \_\_\_\_\_

10. Present (or most recent) administrative supervisor (s):

Name	Position	Phone
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11. Have you ever been dismissed or asked to resign from a position? (Please check)  Yes  No

If yes, explain: \_\_\_\_\_

12. Education:

NAME OF SCHOOL	LOCATION (CITY, STATE)	NUMBER OF YEARS ATTENDED	DEGREE
HIGH SCHOOL			
UNDERGRADUATE			
GRADUATE			

13. Work Experience:

NAME OF EMPLOYER	ADDRESS (CITY, STATE)	NATURE OF WORK	NO. YEAR S	REASON FOR LEAVING

14. References:

NAME	POSITION	NO. YEARS	PHONE NUMBER	EMAIL ADDRESS

**CERTIFICATION AND RELEASE**

*I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the school and/or its agents including consumer-reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers, persons, schools, companies, law enforcement from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If school policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to being offered a position and/or during employment.*

\_\_\_\_\_

Signature

\_\_\_\_\_

Date