



## PERSONAL REFERENCES

(Give 3 references who have first-hand knowledge of your ability to perform the type of work for which you are applying)

Name	Relationship to Applicant	Telephone	Years Known

## LEGAL INFORMATION

Are you related to any trustee of a COSSA member district Board of Trustees?  Yes  No

If yes, indicate the name, relationship and district of the trustee. \_\_\_\_\_

Have you ever been terminated, dismissed or resigned from a position for immoral or unprofessional conduct, inability to perform job responsibilities, or violation of Federal, State, or district policies including sexual misconduct or harassment of a person under the age of 18 years old?  Yes  No

If yes, indicate the name of the employer, date and reasons for the termination/resignation. \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor (including withheld or suspended judgment)?  Yes  No

If yes, indicate the date, place, and disposition of the conviction. \_\_\_\_\_

Are you claiming a veteran preference?  Yes  No

Have you previously claimed a veteran preference?  Yes  No

Applicants claiming a preference based on IC 65-503, must submit official documentation of your veteran status with the application.

Are you currently employed?  Yes  No

If yes, when would you be available to work?: \_\_\_\_\_

## DOCUMENTS REQUIRED FOR COMPLETE APPLICATION FILE

<ol style="list-style-type: none"> <li>1. Complete Application</li> <li>2. Copy of High School Diploma or GED.</li> <li>3. Copy of Paraprofessional assessment results (If previously completed)</li> <li>4. If applicable, College Transcripts (copies acceptable) Official transcripts required upon employment</li> <li>5. Three (3) letters of reference/recommendation from current and former employers.</li> </ol>	<p><i>Upon submission, this application and supporting documentation will remain in the personnel file for one calendar year. Information changes should be reported to the Personnel Office immediately.</i></p> <p><i>COSSA is an equal opportunity employer. The Board of Trustees and its agents, officers, and staff members shall not discriminate on the basis of race, color, religion, national origin, sex, age, or handicap.</i></p>
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## APPLICANT'S STATEMENT

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*Persons being considered for vacant positions will be contacted for a personal interview. Finalists selected for the position will have a criminal records check to be conducted through the Department of Law Enforcement. This check requires fingerprinting of the new employee. There will also be a screening completed through the Central Sex Offender Registry of Idaho.*

*I certify that the information in this application is true and complete to the best of my knowledge and understand that an omission or falsification of any information in this application will result in refusal of, or immediate discharge from, employment.*

*I hereby authorize COSSA to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.*

*I understand that COSSA does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal laws.*

*I understand that employment is contingent upon investigation of any or all statements contained in this application and authorize the release of any information from persons named in this application. I authorize COSSA to verify my prior employment and discuss any and all recommendations regarding such employment.*

*In the event I am employed by COSSA, I agree to abide by all its applicable policies and procedures.*

*My signature below certifies that I have read and understand the information contained in the Applicant's Statement and agree to the terms and conditions.*

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

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