

Joint School District No. 150

Caribou, Bear Lake and Bonneville Counties
250 East 2nd South
Soda Springs, Idaho 83276

Jim Stoor - Chairman

Kim John – Treasurer

Jonathan Balls - Clerk

Dr. Molly M. Stein - Superintendent of Schools

Telephone No. (208) 547-3371

steimoll@sodaschools.org

Fax No. (208) 547-4878

APPLICANT RELEASE AND AUTHORIZATION

I, _____, hereby authorize _____, my prior/current employer, to release job-related information, including the dates of employment, job duties, and quality of my performance to a representative of Soda Springs School District No. 150, where I am an applicant for a position. I further authorize personnel of my prior/current employer to discuss my job performance with an identified representative of Soda Springs School District No. 150. Additionally, I authorize Soda Springs School District No. 150 to contact my references.

I understand that by signing this release I am waiving my right to keep this information confidential. I certify that my consent for the release of this information is entirely voluntary. I release my current and past employers, and employees acting on behalf of that employer, from any liability for providing the information set forth above, or for discussing my job performance with representatives of the Soda Springs School District No. 150.

I understand this consent to release can be revoked by me at any time in writing, but will not be effective for materials already released under it.

Applicant's Signature

Date

Applicant's Printed Name

This release should be utilized with those applicants with no prior public school work experience. A copy of the signed release should be provided to those individuals identified as an employer or reference for an applicant.