POLICY TITLE: **Information on Past Job Performance: Release and Authorization Form** 

(Prior Public School Experience)

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## Joint School District No. 150

Caribou. Bear Lake and Bonneville Counties 250 East 2<sup>nd</sup> 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

[,	, an applicant for a positi	on with Soda	
Springs School District No. 105, in Soda Spri	ings, Idaho request that	School	
District No, located in	, provide a copy of	f the documents	
relating to my job performance or job-related conduct in my personnel file to Soda Springs			
School District No. 150 within twenty (20) business days of the date of this request.			

Specifically, the following documents are requested to be released:

- All annual evaluations;
- Letters of reprimand or direction;
- Letters of commendation or award;
- Disciplinary actions and documentation of disciplinary investigations;
- Recommendations for probation, notices of probation, and notices of removal from probation;
- Recommendations for termination or nonrenewal;
- Notices of termination or nonrenewal:
- Notices from the Idaho professional standards commission or other similar state agency of action taken against an individual's certificate; and
- Any rebuttal documentation filed by the employee relative to any of the above documents.

I further authorize personnel from my prior school district employer to discuss my job performance with an identified representative of Soda Springs School District No. 150, where I am an applicant for a position.

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

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any liability for providing the information set forth above, or for discussing my job performance with representatives of Soda Springs School District No. 150.		
I certify that 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 prior public school work experience.		