**Information on Past Job Performance:** POLICY TITLE: **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 position with
School District No, in, Idaho request that
School District No, located in, provide a copy of the documents relating to my job performance or job-related conduct in my personnel file to School District No within twenty (20) business days of the date of this
request.
Specifically, the following documents are requested to be released:  • All annual evaluations;
<ul> <li>Letters of reprimand or direction;</li> </ul>
<ul> <li>Letters of commendation or award;</li> </ul>
<ul> <li>Disciplinary actions and documentation of disciplinary investigations;</li> </ul>
<ul> <li>Recommendations for probation, notices of probation, and notices of removal from probation;</li> </ul>
• Recommendations for termination or nonrenewal;
<ul> <li>Notices of termination or nonrenewal;</li> </ul>
<ul> <li>Notices from the Idaho professional standards commission or other similar state agency of action taken against an individual's certificate; and</li> </ul>
<ul> <li>Any rebuttal documentation filed by the employee relative to any of the above documents.</li> </ul>
further authorize personnel from my prior school district employer to discuss my job performance with an identified representative of School District No, where an applicant for a position.

**SECTION 400: PERSONNEL** © 2015 Eberharter-Maki & Tappen, PA

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

I understand that by signing this release I am waiving my right to keep this information

Applicant Release at	d Authorization	—continued
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any liability for providing the information set forth above, or for discussing my job performance with representatives of School District No			
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.			