

VERIFICATION OF PROFESSIONAL EXPERIENCE AND JOB PERFORMANCE/CONDUCT DOCUMENTATION REQUEST

Lake Pend Oreille School District #084

ATTN: Human Resource Department

901 Triangle Drive, Ponderay, ID 83852

Fax (208) 263-5053 Phone (208) 263-2184 ext. 1008

I. PERSONAL DATA – MUST BE COMPLETED BY EMPLOYEE

Last Name			First Name	M.I.	xxx-xx- Social Security #	<p style="text-align: center;">INSTRUCTIONS</p> <p>This request should be completed by the responsible person in charge of records where the service was rendered. Idaho Code 33-1210 requires applicants, for any position at any Idaho Public School, to allow the hiring school district employer to obtain a copy of past school employer personnel file materials and other documentation relating to the performance and/or job related conduct of the applicant when such applicant was employed by any other public school, whether in Idaho or any other state. Before hiring an applicant for any position, the District must request the applicant to sign this form. Should the applicant refuse or fail to sign this form the District is not permitted to hire the applicant for any position. This authorization does not limit any employer from seeking additional information or disclosure from any applicant. Information obtained through the use of this release will be used only for the purpose of evaluating the qualification of the applicant for employment. This information will not be disclosed in any manner other than as provided by Statute.</p> <p>Please return the completed form along with documentation of any job performance and/or job related conduct from the employee's personnel file to the Lake Pend Oreille School District. This form must be on file with District No. 084 in order for the applicant to sign a contract.</p>				
Street Address		City		State	Zip Code					
My signature indicates that I authorize my past employer to release to Lake Pend Oreille School District copies of all documents in my personnel file or other files relating to my past job performance and I release such employers from any liability for providing the above-mentioned information.										
Employee Signature:										
Name under Which Service was rendered <i>if different from above</i>										

II. CERTIFICATED EMPLOYMENT EXPERIENCE – TO BE COMPLETED BY RESPONSIBLE OFFICIAL

Month/Date/Year Service was rendered	School/District	*1) Type of school	Days in full Contract Year	*2) Actual Days Served	*3) Hours in Normal Work Day	Hours Per Day Employed	Position Held	Type of Service			State Education Certification Required?	
								Full-Time	Part-Time	Substitute		
Beginning	Ending											
/ /	/ /											Yes or No
/ /	/ /											Yes or No
/ /	/ /											Yes or No
/ /	/ /											Yes or No

*1) PUB for Public or PRI for Private or IHL for Institution for Higher Learning. *2) include all paid leave taken as work days. *3) hours per day that a full-time employee works

Accumulated sick leave earned in Idaho State through date of separation: _____ days

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT ACCORDING TO OUR OFFICIAL RECORDS.

SIGNATURE OF CERTIFYING OFFICER, TITLE

PHONE NUMBER

DATE

SCHOOL DISTRICT

MAILING ADDRESS

CITY

STATE

ZIP

*Out-of-Idaho employers may have laws preventing disclosure of personnel files, applicants will not be prevented from being employed in Idaho if their out-of-state employer fails to comply.

FORM 5100 FI
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