Genesee Joint School District No. 282

P.O. Box 98 • Genesee, Idaho 83832 Phone (208) 285-1161 FAX (208) 285-1495

Trustees: Lorie Ewing Jim Hermann Alan Krick Jennifer Parkins Susan Rigg

AUTHORIZATION FOR RELEASE OF INFORMATION ON PAST EMPLOYMENT WITH SCHOOL EMPLOYERS IDAHO CODE 33-1210

Superintendent: Wendy J. Moore

Principal: Kelly Caldwell

Counselor: Jon Scripter

Clerk: Lezah Shinkle Idaho Law requires Applicants for <u>any</u> position at any Idaho Public School to allow the hiring School District Employer to obtain a copy of past public school employer personnel file materials and other documentation relating to the performance 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 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 disclosures from any Applicant.

This form:

Information for Past Employer

- Authorizes current and past public school employer of the Applicant/undersigned on
 this form, including Applicants outside of the State of Idaho, to release to the hiring
 School District all information relating to the job performance and/or job related
 conduct of the Applicant and make available to the hiring School District copies of all
 documents in the previous employer's personnel file, investigative file or other files
 relating to the job performance of the Applicant; and
- 2. Releases the Applicant's/undersigned's current and past employers, and employees acting on behalf of the employer, from any liability for providing the above-mentioned information.

§ 33-1210 RELEASE:

I understand that the above requirements are a condition of my obtaining employment with the District and I consent to my current and former employers, both inside and outside the State of Idaho, upon receipt of this signed authorization, to comply with Idaho law. I further consent that such authorization may be provided to the hiring District via electronic means.

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Signature of Applicant	D	ate
Printed Name of Applicant		
Identifying Employee Number/Name of	Applicant or other Ident	ifying

*Information obtained through the use of this Release will be used only for the purpose of evaluating the qualifications of the Applicant for employment. This information will not be disclosed in any manner other than as provided by Statute.