



GOODING JOINT SCHOOL DISTRICT #231
507 Idaho St., Gooding, ID 83330 (208) 934-4321

Spencer Larsen- Superintendent
Michael Perry -Chairman of the Board
Jim Brockman -Vice Chairman
Tim Pierson
Lori Page
David Hults

RELEASE & AUTHORIZATION for VERIFICATION OF EMPLOYMENT

I, _____ an applicant for a position within the Gooding Jt School District, in Gooding, Idaho, request that this employer provide a copy of the documents relating to my job performance or job-related conduct in my personnel file to Gooding Jt School District within 20 business days of the date of this request, as per Idaho Code 33-1210.

Specifically, the following documents are requested to be released:

- Dates of employment
- Job Duties
- Sick Leave Balances (Gooding accepts all accumulated sick leave days within the state of Idaho)
- Number of days and Contract FTE
- All annual evaluations
- Letters of reprimand or direction
- 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
- Any rebuttal documentation filed by the employee relative to any of the above documents
- Other miscellaneous files

This Release and Authorization further authorizes the listed employer's personnel department to discuss my job performance with any identified representative for the Gooding Jt School District where I am an applicant for a position.

I understand that by signing this release, am waiving my right to keep this information confidential. I certify that my consent for the release of this information is 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 Gooding Jt School District. 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 the release.

Signature

Date

