



**EDUCATION:**

	Name and Location	Check Last Year Completed	Description of Courses Taken
Grade School		5 6 7 8	
High School		1 2 3 4	
College		1 2 3 4	
Other Training			

**PREVIOUS EMPLOYMENT:** List most recent employment first.

LENGTH OF EMPLOYMENT Mo Yr Mo Yr	FIRM NAME	ADDRESS	CITY/STATE
FROM TO			
Type of Business	Describe Duties Below:		
Your Exact Title			
Name/Title of Supervisor			
# of Hours worked per week			
LENGTH OF EMPLOYMENT Mo Yr Mo Yr	FIRM NAME	ADDRESS	CITY/STATE
FROM TO			
Type of Business	Describe Duties Below:		
Your Exact Title			
Name/Title of Supervisor			
# of Hours worked per week			
LENGTH OF EMPLOYMENT Mo Yr Mo Yr	FIRM NAME	ADDRESS	CITY/STATE
FROM TO			
Type of Business	Describe Duties Below:		
Your Exact Title			
Name/Title of Supervisor			
# of Hours worked per week			

Have you ever previously worked for the District? \_\_\_\_\_

If YES, state dates and positions(s) held: \_\_\_\_\_

Have you ever worked for the district under another name: \_\_\_\_\_

List all relatives currently working for the District other than your spouse:

<i>NAME</i>	<i>JOB TITLE</i>	<i>AREA OR BUILDING</i>	<i>RELATIONSHIP</i>

Are you now employed: \_\_\_\_\_

If YES, why do you wish to change? \_\_\_\_\_

If presently employed, have you given notice? \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

If hired, what date will you be available: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**REFERENCES:**

List three (3) people who can give a personal or business reference for you:

<i>NAME</i>	<i>ADDRESS</i>	<i>OFFICIAL POSITION</i>	<i>PHONE</i>

**PHYSICAL AND HEALTH:**

Do you have any physical, mental or medical impairments or disabilities which would interfere with your ability to reasonably perform any of the jobs for which you have applied? **IF SO, PLEASE, LIST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF I AM EMPLOYED, FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR MY DISMISSAL REGARDLESS OF WHEN THIS IS DISCOVERED BY THE DISTRICT. I HEREBY AUTHORIZE INVESTIGATION OF THE TRUTH AND COMPLETENESS OF THE INFORMATION CONTAINED IN THIS APPLICATION INCLUDING CHECKING WITH SCHOOLS, PRIOR EMPLOYERS AND LAW ENFORCEMENT AGENCIES.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

FOR DISTRICT USE ONLY

---

Interviewed by: \_\_\_\_\_  
(Date and Initials)

Employment/Education Verification done by: \_\_\_\_\_

Position offered:    \_\_\_ Yes    \_\_\_ No           Starting Date: \_\_\_\_\_

Position accepted:   \_\_\_ Yes    \_\_\_ No

Hired By: \_\_\_\_\_

Department: \_\_\_\_\_

Remarks:

---

---

---

---

---

---

---

---