

EDUCATION

	High School				Undergraduate College/University				Graduate/Professional			
School Name, Location and Phone Number												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma Received (Yes or No)												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra curricular activities												
Describe any honors you received												
State any additional information you feel may be helpful to us in considering your application												

Indicate any languages, other than English, that you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

REFERENCES

Give name, address and telephone number of three references who are not related to you.

	Name	Address	Telephone Number
1.			
2.			
3.			

Have you ever had any training in the United States military which is related to the job for which you are applying? Yes No

If Yes, please describe: _____

Do you have any physical and/or mental limitations which may affect your ability to perform the tasks of this job, with or without accommodation? Yes No

(If accommodation is necessary, please describe below)

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience:

Provide emergency contact information below.

Name
Address
Telephone Number(s)

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities which relate to the job for which you are applying. You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting - Final		
	Job Title	Supervisor			
	Reason for Leaving				

2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting - Final		
	Job Title	Supervisor			
	Reason for Leaving				

3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting - Final		
	Job Title	Supervisor			
	Reason for Leaving				

4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting - Final		
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

APPLICANT'S STATEMENT

I hereby certify that all statements on this application are true and complete to the best of my knowledge. If hired, I understand that any falsification of the information on this application may be considered cause for termination.

I authorize a complete record check and investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Finally, I understand that following an offer of employment by the District, I will be required to take a physical examination/drug screening and that any failure of such will be cause for rejection from consideration for employment.

Signature of Applicant: _____ Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title: _____ Department: _____

Hourly Rate/Salary: _____

Interviewer Name & Title: _____

Date: _____

NOTES: _____

