

FIRTH SCHOOL DISTRICT #59

APPLICATION FOR EMPLOYMENT

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, or national origin. Public Law 90-202 prohibits discrimination because of age. The laws of some states prohibits some or all of the above mentioned types of discrimination.

NAME _____ SOCIAL SECURITY NO. _____
LAST FIRST MIDDLE INITIAL

PRESENT ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE NUMBER () _____ DATE AVAILABLE FOR WORK _____

JOB(S) APPLIED FOR: 1. _____ RATE OF PAY EXPECTED _____ PER _____
 2. _____ RATE OF PAY EXPECTED _____ PER _____
 3. _____ RATE OF PAY EXPECTED _____ PER _____

DO YOU WANT TO WORK FULL-TIME _____ OR PART-TIME _____?

HAVE YOU WORKED FOR US BEFORE? _____ IF YES, WHEN? _____

REASON FOR LEAVING: _____

DO YOU HAVE ANY HANDICAPS WHICH WOULD PREVENT YOU FROM PERFORMING SPECIFIC KINDS OF WORK?
 _____ IF YES, DESCRIBE WORK LIMITATIONS: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME? ____ NO ____ YES (DESCRIBE) _____

EDUCATION BACKGROUND

	NAME AND ADDRESS	YEARS ATTENDED	GRADUATED OR DEGREE	COURSE OR MAJOR
HIGH SCHOOL				
COLLEGE				
BUSINESS OR TRADE SCHOOL				
OTHER				

PERSONAL REFERENCES (PLEASE DO NOT INCLUDE FORMER EMPLOYERS OR RELATIVES)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1		
2		
3		

PRIOR WORK HISTORY (LIST MOST RECENT FIRST, ETC.)

DATES FROM - TO	NAME AND ADDRESS OF EMPLOYER	RATE OF PAY START-FINISH	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
JOB DUTIES				
JOB DUTIES				

ARE THERE ANY EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY QUALIFY YOU FOR WORK WITH THIS SCHOOL DISTRICT?

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL, PROFESSIONAL, AND FINANCIAL BACKGROUND THROUGH THE INVESTIGATOR OR CREDIT AGENCY OR BUREAU OF YOUR CHOICE.

SIGNATURE OF APPLICANT _____

DATE _____