



Employment Application

Programs, Services and Employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date of Interview (Month/Day Year)

/ /

How were you referred to us:

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available to Start: _____ Social Security No.: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for these Districts? YES NO If yes, when? _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Salary Desired: \$ _____

Driver's License number (if applicable to position): _____

Education

High School – Name and Location: _____

Did you graduate? YES NO Diploma: _____

College - Name and Location _____

Did you graduate? YES NO Degree: _____

Other – Name and Location: _____

Did you graduate? YES NO Degree: _____

List your special Skills that would be beneficial to this job:

References

Please list three professional or personal references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

References Continued

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Please list from most recent to oldest

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statement on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Districts from all liability for any damage that may result from utilization of such information.

Signature: _____ Date: _____