



# KREMLIN - HILLSDALE PUBLIC SCHOOLS

PHONE 405/874-2281 • FAX 405/874-4488 • P.O. BOX 198 • KREMLIN, OK 73753

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address: Street or Box \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

U.S. Citizen \_\_\_\_\_ (Yes or No) Number of Dependents: \_\_\_\_\_

Have you had prior military service? \_\_\_\_\_ If yes, give dates: \_\_\_\_\_

Position you are applying for: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Address: Street or Box \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Duties: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Salary of last employment: \_\_\_\_\_ per \_\_\_\_\_ # of Hrs. worked per week: \_\_\_\_\_

Salary you would expect if employed by Kremlin-Hillsdale School \_\_\_\_\_

Reason for leaving last employment: (be specific) \_\_\_\_\_

\_\_\_\_\_

List any physical conditions treated by a physician in the last five (5) years

\_\_\_\_\_

List any physical impairments that might be detrimental in performing the duties

References:

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Name of Reference \_\_\_\_\_ Address \_\_\_\_\_

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Position \_\_\_\_\_ Phone \_\_\_\_\_

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Name of Reference \_\_\_\_\_ Address \_\_\_\_\_

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Position \_\_\_\_\_ Phone \_\_\_\_\_

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Name of Reference \_\_\_\_\_ Address \_\_\_\_\_

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Position \_\_\_\_\_ Phone \_\_\_\_\_

When would you be available for work if selected for this position? \_\_\_\_\_

In the space below give any further information that might be helpful in your selection for this position:

I hereby swear that all information in the above application is true and accurate to the best of my knowledge. With my signature to this application, I authorize the administration and/or Board of Education to check my employment history. I hereby agree to submit to a complete physical examination at Board of Education expense if deemed necessary by the administration and/or Board of Education.

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Signature of Applicant