APPLICATION FOR EMPLOYMENT Classified

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

	Date								
Name			Social Security #_						
Last	First	Middle	2						
Address									
No.	Street	City	State	Zi	Zip Code				
Telephone No									
Are you legally eligib	ble for employment in tl	ne United State	s?YesN	No (If hired, veri be required					
Position (s) applied f	cor		Full time I	-	a og law)				
If part time, indicate	e days available:								
Date you are availab	ole to start work/_	/ Sala	ry or wages desired: \$	hr.					
Have you worked for	r the District previously	?Yes	No If Yes, when?_						
Indicate special qual	lifications or skills:								
EDUCATION	Name and Location of	of School	Course of Study	Years Completed	Did you Graduate?				
Elementary									
High School									
College			Major: Minor:						
Other: Indicate any	specialized training:								
Are you employed at	t the present time?Y	esNo							
If hired, will you wo	rk overtime if required	?YesN	No						
	bonded in prior employ		No If Yes, list r	name(s) of emplo	oyer (s):				
Have you ever been If Yes, list conviction	convicted of a crime (ex ns: (A conviction does n	cluding misder ot necessarily o	lisqualify an applican						

CONTINUED ON REVERSE SIDE

Employer	Phone ()			Fr	om:		To:		
Street Address:					Po	sition:			
City	City State Zip					pervisor's Na	me:		
Reason for leaving:						Final Salary/Wage:			
Employer			Phone ()	Fr	om:		To:	
Street Address:					Po	sition:			
City	State Zip				Su	Supervisor's Name:			
Reason for leaving:	son for leaving:					Final Salary/Wage:			
Employer			Phone ()	Fr	om:		To:	
Street Address:					Po	Position:			
City	State Zip			Su	Supervisor's Name:				
Reason for leaving:					Fir	Final Salary/Wage:			
PERSONAL REF	ERE	NCES							
PERSONAL REF	ERE	NCES							
Name		Addre	ess			Years Know	'n	Telephone	
The information prov any misstatement or o							nplete	. If employed,	
All persons employed he District. All classinave no right to continuous approved by upervisor or elected of expressly approved employee handbook is representation which be discharged. The Bhe District.	fied enue en the loffician in wr to be specif	mployed nploym Board. Il shall l iting by Econstru ïes the d	es are employ ent or emplo No statement be binding up the Board. ued as a cont duration of e	yed at the dis yment benefit, verbal und yon the Distri Further, noth ract of emplo mployment o	cretion of the cretion of the cretarding of the cretarding of the large of the larg	ne Board of T is may be agre or conduct by ch statement, Board Policy on y binding star reasons for w	rustee ed in v any of action or any stemen hich a	es and shall writing and fficer, n or representati nt or nn employee may	
f you decide to engag	o on i	nvoctio	ativo concum	or roporting	agonov to m			1 1. 2 . 4	

authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I

Signature of Applicant:

may obtain from them the nature and substance of the information contained in the report.