

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name First Middle Initial			Date
	Street Address			Home Phone ()
	City, State, & Zip			Business Phone ()
	Position desired.			Cell Phone ()
	Type of employment desired. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			Social Security Number
	When Will you be available to begin work?			Pay Expected
	Must be reside in the immediate area or be willing to re-locate within a reasonable time, to be determined by the Board.			e-mail address

E D U C A T I O N	School	Name & Location of School	Course of Study	No. of years completed	Did you Graduate?	Degree or Diploma
	College					
	High					
	Elementary					
	Other					

CERTIFICATIONS	
Name of License or Certification	License or Certification Number

PREVIOUS EMPLOYMENT		Please give accurate, complete full time and part-time employment record. Start with present or most recent employer.
1	Company Name	Telephone No. ()
	Address	Employed (Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work:	Reason for Leaving
2	Company Name	Telephone No. ()
	Address	Employed (Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work:	Reason for Leaving

3	Company Name	Telephone No. ()
	Address	Employed (Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work:	Reason for Leaving
4	Company Name	Telephone No. ()
	Address	Employed (Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work:	Reason for Leaving
We may contact the employers listed above unless you indicate those you do not want us to contact.		DO NOT CONTACT: Employer #: _____ Reason:

S I G N A T U R E	I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintance. This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.	
	_____	_____
	Date	Signature

FOR EMPLOYER'S USE ONLY

R E F E R E N C E S	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		