



## APPLICATION FOR EMPLOYMENT

The District is made up of people from a wide variety of backgrounds and lifestyles. We embrace diversity and invite applications from people of all walks of life. We do not discriminate against employees or applicants based on gender identity or expression, sexual orientation, race, religion, age, national origin, citizenship, disability, pregnancy status, veteran status, or any other differences. Also, we would be more than willing to accommodate you if you have a disability. Please let us know if there is any way we can make the application process better for you.

**- APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS -**

**Position:**

**Date:**

**E-mail:**

**Salary Desired:**

**Name:**

**Date Available:**

*Last First Middle*

**Mobile:**

**Address:**

**Home:**

*Number Street*

*City State Zip*

**How long at present address?**

Prior address if less than 2 years:

Are you 18 years or older? Yes No If no, please list age:

**Available to work:**

*(Check box if available)*

*Hours Available:*

*Hours Available:*

No Preference Thursday  
Monday Friday  
Tuesday Saturday  
Wednesday Sunday

How many total hours can you work per week?

**Employment Desired:**

*(Check one)*

Full-Time Only Part-Time Only Full or Part Time

### EDUCATION

High School Name of School Address Major/Degree Obtained  
College  
Trade School

*Course of Studies:*

Special Certificates

*Course of Studies:*

### MILITARY SERVICE

Are you of have you ever been in the Armed Forces? Yes No  
Are you or have you ever been in the National Guard? Yes No

Specialty Date Entered Discharge Date



# APPLICATION FOR EMPLOYMENT

## WORK EXPERIENCE

*Please list your work experience for the past ten years, beginning with your most recent*

Name of Employer:

Job Title:

Address:

Employment Dates:

From:

Supervisor's Name:

To:

Phone:

Reason For Leaving (be specific):

List the positions held, skills used or learned, and/or promotions while at this company:

Name of Employer:

Job Title:

Address:

Employment Dates:

From:

Supervisor's Name:

To:

Phone:

Reason For Leaving (be specific):

List the positions held, skills used or learned, and/or promotions while at this company:

Name of Employer:

Job Title:

Address:

Employment Dates:

From:

Supervisor's Name:

To:

Phone:

Reason For Leaving (be specific):

List the positions held, skills used or learned, and/or promotions while at this company:

May we contact your present employer?

Yes

No

Did you complete this application yourself?

Yes

No

If not, who did?:

Do you have a valid Driver's license?

Yes

No

Number:

Exp:

State:

## REFERENCES

Name:

Name:

Company:

Company:

Position:

Position:

Address:

Address:

Phone:

Phone:

**Applicant's Signature:** \_\_\_\_\_

*Please attach a separate piece of paper to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Include any certificates.*