

EDUATIONAL AND PROFESSIONAL TRAINING; (Most Current Listed First)

LIST HIGH SCHOOLS, COLLEGES AND UNIVERSITIES ATTENDED	LOCATION	DEGREES RECEIVED	AREA OF STUDY

Are you presently working toward a higher degree? Yes___ No___ If yes, what is your expected completion date and degree expected? _____

Name under which credentials are filed _____

Name of college or university placement agency that has your most complete record on file _____

COLLEGE EXTRA-CURRICULAR ACTIVITIES

List any extra-curricular activities in which you participated while in college such as Student Government, Forensic, Publication, Honorary, Athletic, etc. _____

HOBBIES AND SPECIAL INTEREST

Please list in the space below any hobbies or special recreational interest, clubs, activities you may have. _____

TEACHING EXPERIENCE: Do not list student teaching: Attach additional sheets if necessary. (Most current listed first)

NAME OF INSTITUTION	SUBJECTS TAUGHT	DATES FROM TO	HIGHEST SALARY RECEIVED	NAME OF SUPERVISOR	REASON FOR LEAVING

WORK EXPERIENCE OTHER THAN TEACHING: (Most current listed first)

NAME OF COMPANY	ADDRESS	NATURE OF WORK	EMPLOYMENT DATES	REASON FOR LEAVING

EXPERIENCE WORKING WITH STUDENTS

List experiences you have had working with young people (Other than teaching) – such as Scout Work, Summer Camps, etc. _____

List present and past memberships in professional clubs, societies or organizations.. (You are not required to list organizations, the name or character of which indicates the race, color, religion, national origin or its members)

ORGANIZATION	LOCATION	DATES OF MEMBERSHIP

MILITARY SERVICE RECORD:

Were you in the U.S. Armed Forces: Yes___ No___ If yes, what Branch? _____ Rank _____

Dates of Service _____ Were you honorably discharged? Yes___ No___

If not explain _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position you are applying for?

Yes___ No___ Explain _____

PERSONAL REFERENCES (Not former employers or relatives)

Name and Occupation	Address	Phone

I certify that to the best of my knowledge I am able to perform the essential functions of the specific position for which I am applying:

Without accommodation Yes___ No___ Explain _____
With accommodation Yes___ No___ Explain _____

I have received a copy of the description for the _____
position and understand the requirements. I acknowledge that this position requires _____
_____ (for example: lifting, sitting, standing, turn, etc.).

I also understand that if I have a protected disability that affects my ability to perform the job I seek, I may ask the school district to attempt to make a reasonable accommodation for it. I must make my request in writing to the District's Human Resource Department as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.

I certify that the information and answers I provided on this employment application are true and complete to the best of my knowledge. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment or may result in discharge if hired, without regard to either my knowledge or the inaccuracy, the length of my employment, or the seriousness of the inaccuracy.

I authorize the District to conduct such background investigations, except as noted above, as it deems necessary in arriving at an employment decision. I release the District and all companies, agencies, schools, and persons contacted from all liability and responsibility for providing, receiving, or acting on such information. I further agree to cooperate in any such investigation.

I agree to conform to the rules and regulations of the District. No person other than the Superintendent has authority to offer employment for any specified period or to make any representations or agreement contrary to the foregoing. Moreover, no such agreement by the Superintendent will be enforceable unless the document is in writing, dated, signed by the Superintendent, and has been formally adopted by the School Board.

Drug Testing Certification:

I hereby give my consent for the District, through an authorized testing service of its choice, to collect blood, urine, hair, or saliva samples, or other fluid or tissue samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances, and I hereby release the District from any liability arising out of such tests or its results. Further, I give my consent for the release of the test results and other relevant medical information to authorized District officials for appropriate review. I acknowledge that remaining free of illegal drug use is a condition of my employment.

Signature: _____ **Date:** _____

Employment opportunities are open to all without regard to race, color, sex, age, religion, national origin, marital or veteran status, or height, weight, or non-disqualifying disability or handicap.

This application should be mailed to the address on top of the form.

All applications will be kept on file for one full year. After that time the applicant must re-apply if still interested in employment with the school district.