

**L'ANSE AREA SCHOOLS
APPLICATION FOR EMPLOYMENT**

PERSONAL INFORMATION				
Date _____		Social Security Number _____		
Name _____				
<i>Last</i>		<i>First</i>		<i>Middle</i>
Present Address _____				
<i>Street</i>		<i>City</i>		<i>State</i> <i>Zip</i>
Permanent Address _____				
<i>Street</i>		<i>City</i>		<i>State</i> <i>Zip</i>
Phone Number (_____) _____		Alt. Phone Number (_____) _____		
Are you 18 years of age or older? Yes / No		Date of Birth _____		
Are you a citizen of the United States? Yes / No		If not, do you intend to become a U.S. citizen? Yes / No		
If related to anyone in the district (other than spouse), state name and department:				
Name _____		Department _____		
Referred by _____				

EMPLOYMENT DESIRED		
Position _____	Date you can start _____	Salary desired _____
Are you employed now? Yes / No	If so, may we inquire of your present employer? Yes / No	
Have you ever applied to this district before? _____ If so, when? _____		

EDUCATION	Name & Location of School	Years Attended	Date Graduated	Subjects Studied
Elementary				
High School				
College				
Trade, Business or other School				

Subjects of special study or research work _____

Do you speak a second language? Yes / No If so, indicate: _____

Read? _____ Write? _____

U.S. MILITARY SERVICE

<u>BRANCH OF SERVICE OR EMPLOYED BY</u>	<u>RANK OR POSITION</u>	<u>DATES OF SERVICE</u>	<u>YEARS</u>	<u>MEMO</u>

FORMER EMPLOYERS

(List below last four employers, beginning with the most recent)

DATE Month and Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

REFERENCES

List below the names of three (3) persons not related to you, whom you have known for at least one (1) year.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

Have you ever been convicted of a crime? Y / N
Where? _____

If so, when? _____
Nature of offense: _____

HEALTH - (OPTIONAL)

Do you have any medical, mental or physical conditions which need to be considered should you be employed by this district? Yes _____ No _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION; I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

Interview by: _____ Date: _____
REMARKS: _____

Hire Date: _____ Position: _____ Building: _____ Salary: _____

Approved: _____ Approved: _____