## L'ANSE AREA SCHOOLS APPLICATION FOR EMPLOYMENT

Date	Social Security N	Number		
Name				
Las	t First	Middle		
Present Address				
	Street	City	State	Zip
Permanent Address				
	Street	City	State	Zip
Phone Number (	)	Alt. Phone Number (	)	
Are you 18 years of age	e or older? Yes / No	Date of Birth		
Are you a citizen of the	e United States? Yes / No	If not, do you intend to	become a U.S. citiz	en? Yes / No
f related to anyone in	the district (other than spous	e), state name and depa	rtment:	
Name		Department		
Referred by				
	EIVI	PLOYMENT DESIRED		
Position	Date you c	an start	Salary	desired
Are you employed now	/? Yes / No If so, may	we inquire of your pres	ent employer? Ye	es / No
Have you ever applied	to this district before?	If so, when?		
EDUCATION	Name & Location of Sch	nool Years Attended	Date Graduated	Subjects Studied
Elementary				
High School				
College				
Trade, Business or other School				
	•		<u>'</u>	
ubjects of special stu	dy or research work			
	d language? Yes / No	If so, indicate:		
		-		
ead?	\	Write?		

U.S. MILITARY SERVICE						
BRANCH OF SERVICE OR EMPLOYED BY	RANK OR POSITION	DATES OF SERVICE	YEARS	<u>MEMO</u>		

	FORMER EM	IPLOYERS		
	(List below last four employers, be	ginning with the most	trecent)	
DATE	Name & Address of Employer	Salary	Position	Reason for Leaving
Month and Year				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
1	REFEREI			
List below th	ne names of three (3) persons not related to y	you, whom you have k	nown for at least	t one (1) year.
NAME	ADDRESS	BUSINESS		YEARS ACQUAINTED

List below the name	s of three (3) persons not rela	ated to you, whom you have known fo	r at least one (1) year.		
NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED		
Have you ever been convicted	d of a crime? Y / N	If so, when?			
Where?	Nature of offense:				
HEALTH - (OPTIONAL)					
Do you have any medical, m	ental or physical conditi	ions which need to be consider	red should you be employed		
<u> </u>					
I AUTHORIZE INVESTIGATION	N OF ALL STATEMENTS (	CONTAINED IN THIS APPLICATION	ON; I UNDERSTAND THAT		
MISREPRESENTATION OR O	MISSION OF FACTS CALL	ED FOR IS CAUSE FOR DISMISS	AL.		
SIGNATURE:	DATE:				
DO NOT WRITE BELOW THIS	LINE				
Interview by:		Date:			

Hire Date: \_\_\_\_\_\_ Position: \_\_\_\_\_\_ Building: \_\_\_\_\_\_ Salary: \_\_\_\_\_

Approved: \_\_\_\_\_ Approved: \_\_\_\_\_