

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: _____