EMPLOYMENT APPLICATION FOR CLASSIFIED PERSONNEL

			Date:		
Name Last	Firs	st	Middle		
Mailing and Physical A	Address				
•	PO Box Number	Street	City	State	Zip Code
Telephone ()			Social Secur	rity No	
Position applied for:					
Employment desired:	Full-time only	Part-time only	Full or	Part-time	
Type of School	Name of School	Location	# of Yrs Compl	eted Maj	or & Degree
High School					
College					
HAVE YOU EVER BEEN O	CONVICTED OF A CRIME? conviction(s), nature of offens nposed, and type(s) of rehabi	No Yes se(s) leading to convict	ion(s), how recently	such offens	e(s) was/were
•	lease list your work exper elf-employed, give firm na		e years beginning	with your	most recent
Name of employer Address City, State, Zip Phone number		Name	e of Supervisor	Employ From To	ment Dates
Reason for leaving (be specific)	Yo	ur last job title		
List the jobs you hel worked at this comp	d, duties performed, skills any.	s used or learned, adv	rancements or pro	motions wl	nile you

Name of employer Address City, State, Zip Phone number	Name of Supervisor	Employment Dates From To	
Reason for leaving (be specific)	Your last job title		
List the jobs you held, duties performed, skills used or learn worked at this company.	ed, advancements or promo	tions while you	
May we contact your present employer?YesNo			
Please list two references other than relatives or previous			
Name	Name		
Position	Position		
Company	Company		
Address	Address		
Telephone ()	Telephone ()		
An application form sometimes makes it difficult for an in background. Use the space below to summarize any additiqualifications for the specific position for which you are a	onal information necessary	marize a complete to describe your full	

DIGHTON UNIFIED SCHOOL DISTRICT 482 APPLICANT JOB APPLICATION ACKNOWLEDGMENTS

- 1. I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination.
- 2. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize any background checks by any third party.
- 3. I authorize you to request, receive, and verify all information given on this application and I release you from all damages that may result from your doing so.
- 4. I authorize you to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation, and I release you from all liability for any damages that my result from your doing so.

Signature of Applicant	Date