



AGATE SCHOOL DISTRICT #300

P.O. Box 118 41032 2nd Ave.
Agate, CO 80101
Phone: 719-764-2741 Fax: 719-764-2751

CLASSIFIED APPLICATION

PERSONAL DATA:

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ CELL: (____) _____

If employed, can you provide proof of U.S. Citizenship? ____ YES ____ NO ____ N/A

Are you over 18? ____ YES ____ NO

POSITION APPLYING FOR: _____

EDUCATION RECORD:

HIGH SCHOOL ATTENDED: _____
ADDRESS: _____

DATES ATTENDED: ____ / ____ TO ____ / ____

DEGREE/DIPLOMA? _____

COLLEGE/UNIVERSITY ATTENDED: _____
ADDRESS: _____

DATES ATTENDED: ____ / ____ TO ____ / ____

TRADE OR TECHINCAL TRAINING: _____
ADDRESS: _____

DATES ATTENDED: ____ / ____ TO ____ / ____

COMMENTS: _____

PERSONAL DATA

Have you ever been convicted of a crime of any type or been imprisoned? (A conviction will not necessarily bar you from employment). _____ YES _____ NO

If you answered yes, please write your explanation below:

Please list the name(s) of any friends or relatives that are employed by the Agate School District.

Do you have any physical or mental disabilities that may limit your performance in the job you are applying for? If so, what can be done to accommodate your limitation?

REFERENCES:

1) _____

| | |
|-------|--------------|
| NAME | ADDRESS |
| () | |
| TITLE | PHONE # |
| | RELATIONSHIP |

2) _____

| | |
|-------|--------------|
| NAME | ADDRESS |
| () | |
| TITLE | PHONE # |
| | RELATIONSHIP |

3) _____

| | |
|-------|--------------|
| NAME | ADDRESS |
| () | |
| TITLE | PHONE # |
| | RELATIONSHIP |

By signing below, I acknowledge that the information listed above is answered truthfully and to the best of my knowledge.

APPLICANT SIGNATURE & DATE: _____

FOR OFFICE USE ONLY:

APPLICATION RECEIVED ON: _____/_____/_____ **INITIALS:** _____

