

PO Box 428 501 Garfield Ave Moffat, CO 81143 Phone: 719-745-0500

## **Non-Certified Employment Application**

Please Type or Print

## NONDISCRIMINATION NOTICE

Moffat Consolidated School District does not unlawfully discriminate on the basis of race, color, national origin, sex, age marital status or disability in admission or access to, or treatment in, its education programs or activities. Inquired concerning Title VI, Title IX, Section 504, and ADA may be referred to the Office for Civil Rights, US Department of Education, 1244 N Speer Blvd, Suite 310, CO 80204, 303-844-5695. For employment issues, contact the district office.

		Appl	licant	Informat	tion				
Full Name:					Date:				
	Last	First				M.I.			
Address:									
	Street Address						Apartment/Unit #		
	City					State	ZIP Code		
Phone:				Email:					
Date Availal	ble: Soci	al Security	y No:_						
Position App	olied for:								
		YES	МО	16			YES	NO	
Are you a citizen of the United States?				If no, are	e you	authorized to wo	ork in the U.S.?	Ш	
Have you ev District?	YES	NO	If yes, w	hen?_					
Have you ever been convicted of a felony or misdemeanor?			NO						
If yes, expla	in:								
			Edu	cation					
High Schoo	l:		City, S	State:					
From:	To: [	Did you gra	aduate	YES	NO	Diploma::			
College: City, State:									
From:	To: [	Did you gra	aduate	YES	NO	Degree:			



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Phone: 719-745-0500 City, State: Other: YES NO From: To: Did you graduate? Degree: References Please list three professional references. Full Name: Relationship: Phone:\_\_\_\_ Company: Address: Full Name: Relationship: Company: Phone: Address: Full Name: Relationship: Company: Phone: Address: Previous Employment Company 1: Phone: Supervisor: Address: Starting Salary: Job Title: Ending Salary:\$ Responsibilities: From: Reason for Leaving: To: YES NO May we contact your previous supervisor for a reference? Company 2: \_\_\_\_\_\_ Phone: Supervisor: Address: Starting Salary:\$ Job Title: Ending Salary:\$ Responsibilities: \_\_\_\_\_ To:\_\_\_\_ From: Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO



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Company 3:				Phone:					
A alaba a a .		Supervisor:							
Job Title:	Starting S	Ending Salary:							
Responsibilities:									
From:	To:	Reason for Leaving:							
May we contact your prev	vious supervisor for a reference?	YES	NO						
Additional Information  I am qualified for the job sought as a result of the following education, occupational and professional skills:									
I am able to perform for the	ne job sought because:								
	Disclaimer a	nd Signati	ure						
employment, I hereby a	s are true and complete to the be uthorize Moffat School District #2 on of my character, conduct and e	? to investiga	ite my ref	ferences and to make an					
If this application leads interview may result in r	to employment, I understand that my release.	false or mis	eleading ir	nformation in my application or					
Signature:				Date:					
Please submit your application to jtorrez@moffatschools.org or hand-deliver to 501 Garfield, Ave, Moffat, CO.									
FOR OFFICE USE ONL	.Y								
Interviewed By:				Date:					