Application for Employment – Craig City School District Page 1							
PERSONAL INFORMATION Date Soc. Sec. #							
NameLas		First		Midd			
Mailing Address (PC) Box)						
Physical Address		Ema	Email Address				
Phone No		DOE	3				
If related to anyone	in our emplo	y, state name and p	oosition				
Position applying for			Date you can start				
Are you employed no	w?	If so, may we inquire	of your present em	ployer?			
Have you ever applied	d to our Distric	t before? If y	yes, when?				
Have you ever been in	nvoluntarily ter	rminated or asked to re	esign from any posi	tion of emplo	yment?		
If yes, please explain	the circumstan	ces.					
Have you ever been c	onvicted of or j	pled guilty or nolo con	ntender to a felony?				
If yes, please describe	the crime for	which you were convi	cted and the circum	nstances of yo	ur conviction.		
Have you ever been c dishonesty, theft, sexu of person? circumstances of your	ual misconduct, If yes, pl	, abuse of controlled s lease describe the crin	substance or alcohol ne for which you we	, or the physicere convicted	cal injury or death		
EDUCATION	Name and	location of school	Years attended	Date graduated	Subjects studied		
High School							
College							
Trade, Business, or Correspondence School							
Describe any specialization	zed training, ce	ertificates, skills, and e	extra-curricular acti	vities.	_		

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List all computer equipment you can operate. Please be specific when listing types of computers and software.

Date (Mo./Yr.)	Name and Address & Phone # of	Salary	Position	Reason for Leaving
From to	Employer			
Have you held any ot!	her jobs that lasted more than 90 days	?		
	·			
	below the names of three persons not related			
Name	Address & Phone #		Business	Email Address
_				
PHYSICAL RECORI	D: (List any physical handicaps)	•		
		1.1.6	1. 1. 1.	1: ()
	(It is understood that only job-related	defects may be u	sed to deny employm	nent to an applicant.)
Were you ever injured	d? Give details:			
**			-	1.0
Have you any defects	in hearing? In visio	on?	In spec	ech?
In case of Emergency	notify			
In case of Emergency	notifyName	Addres	s	Phone #
I authorize investigation o	notify Name of all statements contained in this application.	I understand that	at misrepresentation	n or omission of facts called
I authorize investigation o for is cause for dismissal.	of all statements contained in this application. Further, I understand and agree that my employers	I understand that loyment is for no	nt misrepresentation o definite period an	n or omission of facts called ad may, regardless of the
I authorize investigation o for is cause for dismissal. date of payment of my wa	of all statements contained in this application. Further, I understand and agree that my empiges and salary, be terminated at any time with	I understand that loyment is for no hout any previou	nt misrepresentation to definite period and as notice. I agree to	n or omission of facts called id may, regardless of the a background check, it will
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