

# Application for Employment

Madison School District

3498 Treat Hwy P: 517-263-0741  
Adrian, MI 49221 F: 517-265-5635



Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a US Citizen?  YES  NO

Have you ever been convicted of a crime? If so, when, where, and nature of offense?  YES  NO

Are there any felony charges pending against you?  YES  NO

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Subjects of special study or research work:


What special work experiences have you had?


# EDUCATIONAL BACKGROUND

	School or Institution and Location	Major/Minor	Diplomas, Degrees, or Credits Earned	Year
High School				
College/University				
College/University				
Graduate Study				
Graduate Study				

# PROFESSIONAL EXPERIENCE

(present or most recent first)

Name of Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*attach a sheet if you have additional relevant work experience\****

## REFERENCES

Give below the names of three persons not related to you, whom you have known at least one year.

NAME	POSITION	BUSINESS	PHONE

## OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_