

# Application for Employment

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PERSONAL INFORMATION Date \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Message # \_\_\_\_\_ Date of Birth \_\_\_\_\_

If related to anyone in our employ, state name and position \_\_\_\_\_

Position applying for \_\_\_\_\_ Date you can start \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Have you ever applied to our District before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment? \_\_\_\_\_

If yes, please explain the circumstances. \_\_\_\_\_

Have you ever been convicted of or pled guilty or nolo contendere to a felony? \_\_\_\_\_

If yes, please describe the crime for which you were convicted and the circumstances of your conviction.

Have you ever been convicted or pled guilty or nolo contendere to a misdemeanor or other offense involving dishonesty, theft, sexual misconduct, abuse of controlled substance or alcohol, or the physical injury or death of person? \_\_\_\_\_ If yes, please describe the crime for which you were convicted and the circumstances

of your conviction. \_\_\_\_\_

EDUCATION	Name and location of school	Years attended	Date graduated	Subjects studied
High School				
College				
Trade, Business, or Correspondence School				

Describe any specialized training, certificates, skills, and extra-curricular activities. \_\_\_\_\_

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

FORMER EMPLOYERS (List below last four employers, starting with last one first.)

Date (Mo./Yr.) From _____ to _____	Name and Address & Phone # of Employer	Salary	Position	Reason for Leaving

Have you held any other jobs that lasted more than 90 days? \_\_\_\_\_

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

Name	Address & Phone #	Business	Email Address

**PHYSICAL RECORD:**

(List any physical handicaps) \_\_\_\_\_  
 (It is understood that only job-related defects may be used to deny employment to an applicant.)

Were you ever injured? \_\_\_\_\_ Give details: \_\_\_\_\_

Have you any defects in hearing? \_\_\_\_\_ In vision? \_\_\_\_\_ In speech? \_\_\_\_\_

In case of Emergency notify \_\_\_\_\_  
 Name Address Phone #

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. I agree to a background check, it will be conducted through VerifiedFirst, their contact information number is, 844-709-2708 if I dispute the findings.

I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

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

Return Application to: Attention: Superintendent, Craig City School District, P.O. Box 800, Craig, AK 99921

This application for employment will be retained for at least six months for future openings should you not be selected at this time. We appreciate your interest in Craig City Schools.

Do not write below this line.

Interviewed by _____	Remarks _____
Neatness: _____	Character _____ Personality _____ Ability _____
Hired _____	Position _____ Will Report _____ Salary _____
Approved by Superintendent _____	Board _____