Application for Employment – Craig City School District Page 1								
PERSONAL INFORM	IATION	Date	Soc. Se	ec. #				
Name	Last	Fir	st	N	 1iddle			
Present Address								
Permanent Address					· · · · · · · · · · · · · · · · · · ·			
Phone No	Me	ssage #	DOB					
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	d to our District	before? If y	yes, when?					
Have you ever been in	Have you ever been involuntarily terminated or asked to resign from any position of employment?							
If yes, please explain	the circumstance	ees.						
Have you ever been c	onvicted of or p	oled guilty or <u>nolo co</u>	ntender to a felony?					
If yes, please describe	e the crime for v	vhich you were convi	cted and the circum	nstances of yo	ur conviction.			
Have you ever been c dishonesty, theft, sext of person? circumstances of your	ual misconduct, If yes, pl	abuse of controlled s ease describe the crin	ubstance or alcohol ne for which you we	, or the physicere convicted	cal injury or death			
EDUCATION	Name and l	ocation of school	Years attended	Date graduated	Subjects studied			
High School								
College								
Trade, Business, or Correspondence School								
Describe any specialization	zed training, cer	rtificates, 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 employed	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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