

APPLICATION FOR EMPLOYMENT CASSOPOLIS PUBLIC SCHOOLS

Last name First Middle Date of application

Street address Home phone

City State Zip Business phone

Have you ever applied for employment with us?
__Yes __No If Yes: Month and Year ____ Location _____

Social security number

Employment position desired Expected pay

Are you available for full-time work? ____Yes ____ No If not, what hours can you work?

Are you legally eligible for employment in the United States? ____ Yes ____ No

When would you be available to begin work? _____

Other special training or skills (languages, machine operation, etc.)

How did you learn of our organization?

EDUCATION **COLLEGE**

Name and address

Course of study

Number of years completed__ Did you graduate? ____Yes ____ No

Degree or diploma _____

HIGH SCHOOL

Name and address

Course of study _____

Number of years completed _____ Did you graduate? ___ Yes ___ No

Degree or diploma _____

ELEMENTARY / MIDDLE SCHOOL

Name and address _____

Number of years completed _____

Membership in professional or civic organizations – *(exclude those which may disclose your race, color, religion or national origin)*

MILITARY *(complete this section if you served in the U.S. Armed Forces)*

Branch of service _____

Describe your duties and any special training _____

Period of active duty (month and year) From _____ To _____

Rank of discharge _____ Date of final discharge _____

Are you a United States citizen? ___ Yes ___ No

What was your previous address: _____

How long at present address: _____ Years

How long at previous address: _____ Years

Are you over 18 years of age? ___ Yes ___ No
(If not, employment is subject to verification of minimum legal age)

Have you ever been bonded? ___ Yes ___ No

If yes, with what employers? _____

State name of relatives and friends working for us other than your spouse.

SIGNATURE

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, at my request you must provide the name and address of the agency, so I may obtain from them the nature and substance of the information contained in the report.

Date _____ Signature _____

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company name

Telephone number

Address

From _____ To _____
Employed (month and year)

Name of supervisor

Start _____ Last _____
Weekly Pay

State job title and describe your duties

Reason for leaving

Company name

Telephone number

Address

From _____ To _____
Employed (month and year)

Name of supervisor

Start _____ Last _____
Weekly Pay

State job title and describe your duties

Reason for leaving

Company name

Address

Name of supervisor

State job title and describe your duties

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Telephone number

From _____ To _____
Employed (month and year)

Start _____ Last _____
Weekly Pay

Reason for leaving

Telephone number

From _____ To _____
Employed (month and year)

Start _____ Last _____
Weekly Pay

Reason for leaving
