

APPLICATION FOR EMPLOYMENT

SCHOOL DISTRICT #1

P.O. BOX 10

SCOBEEY, MT 59263

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or handicap.

PERSONAL

Last Name	First	Middle	Today's Date
Street Address			Home Phone () -
City	State	Zip	Business Phone () -
Position Desired?			Pay Expected
Social Security #:			Date of Birth:
Have you ever applied for employment with us? ____ Yes ____ No			If yes, when: _____
Are you a citizen of the United States? ____ Yes ____ No			
Have you ever been convicted of a criminal offense (felony or misdemeanor)? ____ Yes ____ No			
If yes, explain: _____			
All employees of Scobey School District #1 are required to have a Tuberculin Skin test or its Equivalent. If employed, this test must be taken before employment begins.			

EDUCATION

College	Location	Subject	Degree	Year

EMPLOYMENT

Please give accurate, complete full-time and part-time employment records. Start with the present or more recent employer.

1	Employer	Telephone () -
	Address	Years Employed: _____ to _____
	Name of Supervisor	Highest Salary
	Position	Reasons for Leaving

2	Employer	Telephone () -
	Address	Years Employed: _____ to _____
	Name of Supervisor	Highest Salary
	Position	Reasons for Leaving

3	Employer	Telephone () -
	Address	Years Employed: _____ to _____
	Name of Supervisor	Highest Salary
	Position	Reasons for Leaving

4	Employer	Telephone () -
	Address	Years Employed: _____ to _____
	Name of Supervisor	Highest Salary
	Position	Reasons for Leaving

5	Employer	Telephone () -
	Address	Years Employed: _____ to _____
	Name of Supervisor	Highest Salary
	Position	Reasons for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

REFERENCES

Please list information for three references.

Name	Title	Phone	E-mail

SIGNATURE

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

Applicant Signature

Date