

BELLEVUE R-3 SCHOOL DISTRICT
HC 63 BOX 1150
BELLEVUE, MO 63623
573-697-5702 FAX: 573-697-5701

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date: _____

Name: _____ Social Security Number: _____

Last First Middle

Current Address: _____

Street City State Zip

Prior Address: _____

Street City State Zip

Home Phone: _____ Work Phone: _____

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. It is not an employment contract.

Please answer all appropriate questions completely and honestly. False or misleading statements on this form, and during the interview, are grounds for terminating the applicant process or employment. All qualified applicants will receive consideration without discrimination because of race, sex, marital status, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily disqualify an applicant from employment. Additional testing of job-related skills may be required prior to employment. After an offer of employment and prior to reporting for work, you may be required to provide a medical history and/or submit to a medical exam, drug screen and criminal check.

AVAILABILITY

For which position(s) are you applying: _____

What date can you start: _____ What category would you prefer: _____

Full Time Part Time

When are you available to work: ___ Weekdays ___ Weekends ___ Evenings ___ Nights ___ Overtime

EMPLOYMENT HISTORY

Please list your three most recent employers. Answer all questions. Since we will make every effort to contact previous employers, the correct telephone numbers are important. List the reason for any periods of unemployment under "Comments."

Most Recent Employer		Are you currently working for this employer? ___ Yes ___ No	
		If yes, may we contact? ___ Yes ___ No	
Company Name	City/State	Phone Number	
From	To	Job Title	Supv. Name
Duties:			
Salary:		Reason for Leaving:	
Second Most Recent Employer			

Company Name	City/State	Phone Number
From To	Job Title	Supv. Name
Duties:		
Salary:	Reason for Leaving:	

Third Most Recent Employer		
Company Name	City/State	Phone Number
From To	Job Title	Supv. Name
Duties:		
Salary:	Reason for Leaving:	

EDUCATION

Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

	Name	City/State	Year Graduated
High School			
College			
Other			
Other			

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

Name	Address	Phone	Years Known

SECURITY

Have you ever used any name other than the one on this form? If so, please list previous name under "Comments."
 Yes No

Have you ever been convicted of a felony? If so describe on back. (A felony conviction will not necessarily disqualify you from employment.)
 Yes No

JOB-RELATED QUESTIONS

Note: Do not answer any questions that you believe to be non-job-related.

Are you over 18 years of age? Yes No

If the job requires, do you have a valid driver's license? Yes No

Please list any other skills, certificates etc. that may be job-related or that you feel would be of value to this job or company.

COMMENTS

CERTIFICATION AND RELEASE

I certify that I have read and understand the Applicant Note on page one of this form and that the answers and statements given by me are complete and true to the best of my knowledge. I understand that any false information, deletions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company, and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I release my current and former employers and references from any and all liabilities or damages of any nature as a result of providing such information. My current and former employers and references may rely on a signed copy of this release.

I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, school, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I understand and consent to having criminal and arrest records checks as well as background checks by the Missouri Division of Family Services as a condition for consideration of y application for employment.

I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I certify that the answers given in this application are true and complete to the very best of my knowledge. In the event I am employed by the District and in the further event that I have provided false or misleading information in this application or in subsequent employment interviews, I understand that my employment may be terminated as any time after discovery of the false or misleading information.

I understand that this application will be considered active through April 30th. I understand that if I wish my candidacy to remain open after that date I must submit another application.

Signature	Date
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Do not answer these questions until instructed to do so by interviewer.

Have you been given a job description or had the essential functions of the job explained to you? Yes No
Do you understand these essential functions? Yes No
Can you perform the essential functions of this job? Yes No
with reasonable accommodation? without accommodations?

Signature	Date
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Interviewer's Comments: