

CLASSIFIED APPLICATION FOR EMPLOYMENT

All positions are filled without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position Applied For _____ Date of Application _____

Last Name First Name Middle Name

Street Address City State Zip Code

Telephone Number(s) Email Address Social Security Number

Have you ever filed an application with the New Plymouth School District before? Yes No
If yes, please give date(s) _____

Have you ever been employed by the New Plymouth School District before? Yes No
If yes, please give date(s) _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you currently on "lay off" status and subject to recall? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No
(Proof of citizenship or immigration will be required upon employment)

Are you physically or otherwise unable to perform the duties of the job for which you are applying for? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Can you travel if a job requires it? Yes No

Have you been convicted of a felony? Yes No
(Conviction will not necessarily disqualify an applicant from employment)
If yes, please explain and identify type of felony and jurisdiction _____

EDUCATION

	School Name and Location	Years Completed	Diploma/Degree and Course of Study
High School			
Undergraduate College/University			
Graduate/Professional			

Describe any specialized training, apprenticeship, skills and extra-curricular activities

Describe any honors you have received

State any additional information you feel may be helpful to us in considering your application

REFERENCES

Please list three references that are not related to you and are not previous employers.

Name	Name	Name
Address	Address	Address
Telephone Number(s)	Telephone Number(s)	Telephone Number(s)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that any employment relationship with the District is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that the nature of the "at will" employment relationship may not be changed by any act unless such change is specifically acknowledged in writing by the Board of Trustees of the District.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules, regulations and policies of the District.

Signature of Applicant

Date