

**Employment Application Form**

|  |  |
| --- | --- |
| Position: |  \_\_\_\_\_Director \_\_\_\_\_ Teacher \_\_\_\_\_ Classroom Assistant \_\_\_\_\_ Substitute |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Last Name First Name Middle Name* |
| Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Apt / Unit No. Street City State Zip Code* |
| Phone Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**EDUCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SCHOOLS ATTENDED Town / City, State | Dates Attended / / to / / | Major | Minor | Graduation Date | Degree |
| High School |  |  |  |  |  |
| Undergraduate College / University |  |  |  |  |  |
| Post Graduate College / University |  |  |  |  |  |

**Licenses / Certifications** (i.e. *teaching license, CPR, first aid*):

|  |  |
| --- | --- |
| Field, Grade, Type | Expiration Date |
|  |  |
|  |  |
|  |  |

**WORK EXPERIENCE RELATED TO POSITION**

|  |  |  |
| --- | --- | --- |
| POSITION  | SCHOOL/ DISTRICT/ ORGANIZATION  | DATES EMPLOYED/ MMYY / to / MMYY / |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**REFERENCES**

Please provide names of those who have closely observed your work as a teacher, employee, or student.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME  | POSITION  | SCHOOL/DISTRICT/ ORGANIZATION  | TOWN/CITY STATE  | PHONE NUMBER  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**APPLICANT STATEMENT**

In your own handwriting, please provide a brief statement providing any additional information you would like us to consider regarding your candidacy. Additional paper may be used to complete this section, if needed.

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*I hereby verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge. I hereby authorize you to investigate my employment and personal history.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT SIGNATURE DATE