

## EAGLE VALLEY PUBLIC SCHOOLS APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

\_\_\_\_\_

Last Name

First Name

Middle

Date

\_\_\_\_\_

Street Address

\_\_\_\_\_

Home Phone

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Business Phone

\_\_\_\_\_

Position Desired

\_\_\_\_\_

Social Security No.

Apart from absence for religious observance, are you available for full time work? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_

Pay Expected

If not, what hours can you work? \_\_\_\_\_

Will you work over time if asked? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally eligible for employment in the United States? \_\_\_\_\_

When will you be available to begin work? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

### EDUCATION

	NAME/LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE /DIPLOMA
College					
High School					
Elementary					
Other					

### MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those, which may disclose your race, color, religion, or national origin)

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT:** (Please give accurate, complete full-time, part-time employment record. Start with present or most recent employer.)

1<sup>st</sup> Company Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Address: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
State job title and describe your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2<sup>nd</sup> Company Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Address: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
State job title and describe your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3<sup>rd</sup> Company Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Address: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
State job title and describe your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

*We may contact the employers listed above unless you indicate those that you do not want us to contact.*

**DO NOT CONTACT:** \_\_\_\_\_

Reason: \_\_\_\_\_

**MILITARY**

Complete this section if you have served in the U.S. Armed Forces

Branch of Service: \_\_\_\_\_ Period of Active Duty (mo/yr): From \_\_\_\_\_ to \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Date of final discharge: \_\_\_\_\_

**ESSAY**

Write in 50 words or less why you are interested in this position:

The information requested below is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The law of most States also prohibits some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental disability.

Are you a U.S. Citizen?  Yes  No How long at present address? \_\_\_\_\_

What was your previous address? \_\_\_\_\_

How long at previous address? \_\_\_\_\_

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 which employer? \_\_\_\_\_

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?  Yes  No If yes, describe in full.

\_\_\_\_\_

Have you received Workmen's Compensation or Disability Income payments?  Yes  No

If yes, describe: \_\_\_\_\_

Have you physical defects, which preclude you from performing certain jobs?  Yes  No

If Yes, describe limitation: \_\_\_\_\_

**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.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature