

SELBY AREA SCHOOL DISTRICT 62-5

APPLICATION FOR EMPLOYMENT



The Selby Area School District is an equal opportunity employer.

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Initial
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Address	City	State	Zip Code
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Social Security No.	Home/Cell Phone No.	Work Phone No.
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Have you ever been employed with the Selby Area School District Before?

____ Yes (Dates _____)

____ No

Are you currently employed?

____ Yes ____ No

May we contact your current employer?

____ Yes ____ No

On what date would you be available for work? _____

Are you available to work? ____ Full Time ____ Part Time

State Law requires all new School District employees submit to a criminal background check. Have you ever been convicted of a felony? ____ Yes ____ No

If yes, please explain: _____

Technology Skill Level (Computers) ____ Above Average ____ Average ____ Below Average

Education

	Name/Address of School	Course of Study	Years Completed	Diploma Or Degree
High School				
Undergraduate College / Vocational Technical School				
Graduate / Professional				
Other (Specify)				

Additional information: State any additional information you feel may be helpful to use in considering your application, summarize special job-related skills and qualifications from employment or other experiences:

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Employment Experience: (Start with your present or most recent)

Employer	Dates Employed: --:
Address:	Job Title:
Duties:	Reason for Leaving:

Employer	Dates Employed: --:
Address:	Job Title:
Duties:	Reason for Leaving:

Employer	Dates Employed: --:
Address:	Job Title:
Duties:	Reason for Leaving:

References

Name	Phone
Address	

Name	Phone
Address	

Name	Phone
Address	

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

Signature of Applicant

Date