

Hillsboro Public School District

P.O. Box 579

Hillsboro ND 58045-0579

(701) 636-4360 / Fax (701) 636-4362

Your applicant file will be considered complete and available for consideration when this signed application is received:

General Application

What specific position are you applying for? _____

Personal:

Name _____

Home Address _____

Phone: Home _____ Work _____

Social Security Number _____

Educational Preparation: (College/Trade School, High School)

High School: _____ Location: _____

College: _____ Location: _____

Field of Study _____ Degree _____ Date Completed _____

College: _____ Location: _____

Field of Study _____ Degree _____ Date Completed _____

Work Experience:

Present Employment:

Name/City/State _____

Position _____ Supervisor _____

Duties performed _____

Date Started _____ Current Salary _____

Previous Employment:

1. Name/City/State _____

Position _____ Supervisor _____

Duties performed _____

Date Started _____ Starting Wage _____ Ending Wage _____

Reason for leaving _____

Previous Employment:

2. Name/City/State _____

Position _____ Supervisor _____

Duties performed _____

Date Started _____ Starting Wage _____ Ending Wage _____

Reason for leaving _____

Other Work Experience:

Name/Location	Type of Work	Dates (To/From)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

References:

	Name	Title	Current Address	Phone
1.	[Redacted]			
2.	[Redacted]			
3.	[Redacted]			

General Information:

1. Have you ever been discharged or let go from a job? [Redacted]
2. Have you ever been convicted of a felony [Redacted]
3. Have you ever been convicted of any crime against a child? [Redacted]

If you answered yes to any of the above, please explain:

[Redacted]

Authorization:

I certify that all facts contained in the application are true and complete to the best of my knowledge and understand and agree that any misstatement will be grounds for disqualification or dismissal from employment by Hillsboro Public School District #9.

I authorize investigation of all statements contained herein and the references and the employers listed to give you any and all information concerning my previous employment and pertinent information they may have personal or otherwise. I authorize you to request a criminal history background check and consumer or investigator report. I release the Hillsboro Public School District #9 of any liability and any damage that may result from utilization of such information.

I understand that by providing information on this application that there is no contractual or implied agreement between myself and the Hillsboro Public School District #9.

Applicant Signature

Date

The Hillsboro Public School District #9 does not discriminate on the basis of race, color, national origin, sex, handicap, disability, or age in its educational programs/activities and employment policies/practices.