

Marion School District 60-3 100 South Cedar P.O. Box 207 Marion, South Dakota 57043 Phone: 605-648-3615 Fax: 605-648-3652

Classified Application Form

Position Desired:				Date of Application:				
Name:								
Present Address	s:							
Permanent Add	ress:							
		E-mail:						
Education: High School and	l/or College Work							
Name of Institution (City & State)		Major	Major		Minor		Graduation/Degree	
Employme	nt Experience	:						
Employer			Dat	ates		Supervisor		Phone #
References	;:							
Name					Po	osition		Phone #

Activities and Honors:	
Special Skills or Qualifications:	
Do we have permission to contact your references?	
Have you ever been convicted of any felony or misdemeanor of If yes, please attach a written explanation.	ther than minor traffic violations?
Have you ever been discharged from a position? If yes, please attach a written explanation.	
I certify that the information provided in this application is true knowledge, and understand that I will be subject to dismissal if	
Signature	Date
The Marion School District 60-3, does not discriminate in its employment policies and p	practices, or in its educational programs on the basis of

race, color, national origin, ancestry, gender, disability, age, religion or creed.