Alexander Public School PO Box 66 Alexander, ND 58831

Employment Application

		Applicant In	formation			
Full Name:				Date:		
	Last	First		M.I.		
Address:	Street Address				Apartment/Unit#	
	StreetHaaress				ripariments Onti //	
	City			State	ZIP Code	
Phone:		E	mail_			
Date Availa	able:	_ Social Security No.:		Position Applying For:		
		lying for transportation pos				
	п арр	lying for transportation pos	ition, Driver	s Electise 140		
Are you a c	eitizen of the United	YES NO States?	o, are you at	nthorized to work in	YES NO the U.S.?	
Have you e	ver worked for this	YES NO company?	f yes, when?_			
Have you e felony?	ver been convicted o	of a YES NO				
If yes, expla	ain:					
-		Educa				
High School	ol:	Address:				
From:	To:	Did you graduate?	YES NO	Diploma::		
College:		Address:				
			YES NO			
From:	To:	Did you graduate?		Degree:		
Other:		Address:				
From:	To:	Did you graduate?	YES NO	Degree:		

		References		
Please list three pro				
Full Name:				Relationship:
Commonsu				Phone:
Address.				
Full Name:				Relationship:
Compony				Dhona
Address:				rnone.
Full Name:				Relationship:
				Phone:
Address:				
	Previous Employment for the	e last 5 years u	ise backsi	ide if ne cessary
Company:				Phone:
Address:				Supervisor:
Job Title:	Starti	ng Salary:\$		Ending Salary:\$
	Starti	ng balary.		_ Litching State y
Responsibilities:				
From:	То:	Reason fo	r Leaving	;
	· · · · · ·			
May we contact your reference?	previous supervisor for a	YES □	NO	
Company:				Phone:
Addraga:				Supervisor:
Job Title:	Starting Salary:		_ Ending Salary:	
Responsibilities:				
From:	То:			<u>:</u>
				·
May we contact your reference?	previous supervisor for a	YES	NO 	
Company:				Phone:

Address:		Supervisor:								
Job Title:	Starting Salary:\$	Ending Salary:								
Responsibilities:										
From: To:	Reason for Leaving:									
May we contact your previous supervisor for reference?	or a YES NO									
Military Service										
Branch:	From:	To:								
Rank at Discharge:	Type of Discharge:									
If other than honorable, explain:										
Disclaimer and Signature										
I certify that my answers are true and complete to the best of my knowledge.										
If this application leads to employment, I uninterview may result in my release.	nderstand that false or misleading i	information in my application or								
Signature:		Date:								

APS Title IX Coordinator is Shannon Faller: Shannon.Faller@k12.nd.us