

ESTELLINE SCHOOL DISTRICT 28-2
708 DAVIS AVENUE
PO BOX 306
ESTELLINE, SD 57234

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or disability.

PERSONAL

LAST NAME:

FIRST:

MIDDLE:

STREET ADDRESS:

HOME PHONE:

CITY:

STATE:

ZIP:

BUSINESS PHONE:

Have you ever applied for employment with us?

YES

NO

If yes, Month/Year:

How did you learn of our opening?

Males born after December 31, 1959 are required to register for Selective Service. Are you registered?

YES

NO

If yes, Selective Service Number:
obtain it by calling 1-847-688-6888

If you do not have a Selective Service Number, you can

EDUCATION

COLLEGE: NAME & LOCATION OF SCHOOL:

COURSE OF STUDY:

OF YEARS COMPLETED: DID YOU GRADUATE: YES NO

DEGREE:

HIGH SCHOOL: NAME OF SCHOOL:

OF YEARS COMPLETED: DID YOU GRADUATE: YES NO

DEGREE:

GRADE SCHOOL: NAME OF SCHOOL:

OF YEARS COMPLETED: DID YOU GRADUATE: YES NO

TEACHING OR ADMINISTRATIVE CERTIFICATE: (i.e. elementary, middle school, junior high, secondary)

Check the extra-curricular activities you are qualified to supervise:

Sports Timer	Athletic Director	Football	Basketball
Wrestling	Track	Cross Country	Volleyball
Golf	Pep Band/Pit Orchestra	Oral Interp	Annual
Photography	Junior Class	Concessions	FCCLA
Vocal Music	Pep Club/Cheerleader	FFA	Drama

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1. EMPLOYER:

PHONE:

ADDRESS:

EMPLOYED MM/YY:

FROM:

TO:

NAME AND TITLE OF SUPERVISOR:

STATE JOB TITLE AND DESCRIBE YOUR WORK:

REASON FOR LEAVING:

2. EMPLOYER:

PHONE:

ADDRESS:

EMPLOYED MM/YY:

FROM:

TO:

NAME AND TITLE OF SUPERVISOR:

STATE JOB TITLE AND DESCRIBE YOUR WORK:

REASON FOR LEAVING:

3. EMPLOYER:

PHONE:

ADDRESS:

EMPLOYED MM/YY:

FROM:

TO:

NAME AND TITLE OF SUPERVISOR:

STATE JOB TITLE AND DESCRIBE YOUR WORK:

REASON FOR LEAVING:

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

Please do not contact employer(s) listed below:

Employer:

Reason:

Employer:

Reason:

Give a brief statement as to why you would like to work in the Estelline School District.

The information provided in the Application for Employment is true, correct, and complete. I understand that if I am employed any misstatement or omission of fact on this application may result in dismissal.

Signature

Date

All new employees shall be subject to a criminal background check.

The Estelline School District #28-2 does not discriminate in its employment policies and practices or in its educational programs on the basis of race, color, creed, religion, age, sex, disability, national origin, or ancestry. Inquiries concerning the application of Title VI, Title IX, or 504 are to contact Superintendent Paul von Fischer at the Estelline School District, 708 Davis Ave, PO Box 306, Estelline, SD 57234, phone 605-873-2201 or to the U.S. Department of Education, Office of Civil Rights, 8930 Ward Parkway, Suite 2037, Kansas City, MO 64114, phone 816-268-0550, fax 816-823-1404, TDD 800-437-0833, email ocr.KansasCity@ed.gov; website <http://www.ed.gov/ocr/>