

OFFICE OF THE SUPERINTENDENT
BYERS SCHOOL DISTRICT 32J
444 E. FRONT STREET
BYERS, COLORADO 80103
An Equal Opportunity Employer

Applicant Note: This application form is intended for use in evaluating your suitability for employment. It is not an employment contract. Please answer all appropriate questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. To assure qualification for essential functions of the job, employment may be contingent upon the results of additional testing of your job-related skills, mental/physical abilities, physical condition and for the presence of drugs in your body.

(Please Print) Date of Application _____

POSITION APPLYING FOR: _____

PERSONAL DATA:

Name: _____
First Middle Last

Address: _____
Number Street City State Zip Code

Phone No. (_____) _____ Social Security No. _____

Are you a citizen of the United States? Yes () No ()

Have you been convicted of a felony within the last 7 years? Yes () No ()

If yes, explain _____

Are you a veteran of the U.S. military services? Yes () No ()

If yes, what was your Branch of the U.S. military services? _____

EDUCATION AND TRAINING:

	No.	Yrs. Comp.	Dates Attended	Degree, Diploma Area of Specialization

High School _____

College _____

Post Graduate _____

List any special training (Vocational Schools, Mini Courses, Workshops, etc.) you have had.

If the job announcement is clerical or secretarial, please indicate office skills. Please check the level of your experience with:

Microsoft Word: _____ None _____ Limited _____ Experienced

Microsoft Excel: _____ None _____ Limited _____ Experienced

Accounting Software: _____ None _____ Limited _____ Experienced

Types of Accounting Software: _____

Other: _____

EMPLOYMENT RECORD:

Start with most recent employment

Dates employed _____	Description of duties
Position held _____	_____
Name and address of employer _____	_____
_____	_____
Immediate supervisor _____	_____
Title _____	_____
Reason for leaving _____	_____

Dates employed _____	Description of duties
Position held _____	_____
Name and address of employer _____	_____
_____	_____
Immediate supervisor _____	_____
Title _____	_____
Reason for leaving _____	_____

Dates employed _____	Description of duties
Position held _____	_____
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_____	_____
Immediate supervisor _____	_____
Title _____	_____
Reason for leaving _____	_____

Dates employed _____	Description of duties
Position held _____	_____
Name and address of employer _____	_____
_____	_____
Immediate supervisor _____	_____
Title _____	_____
Reason for leaving _____	_____

REFERENCES:

Name	Title
Address	Telephone
Name	Title
Address	Telephone
Name	Title
Address	Telephone

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the school and/or its agents including consumer reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers, persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If school policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to being offered a position and/or during employment.

DATE _____

SIGNATURE OF APPLICANT _____

OFFICE USE ONLY	
References Checked:	
Name: _____	Date: _____
Comments: _____	
Name: _____	Date: _____
Comments: _____	
Name: _____	Date: _____
Comments: _____	

Byers School District is an equal education institution and will not discriminate on the basis of race, color, religion, age, national origin, sex or handicap.