

May-Port CG School District #14

900 Main Street West
Mayville, ND 58257-1000
701-788-2281

Application for Employment

Position(s) applied for _____ Date of application ____/____/____

Name _____

Address _____

Telephone # _____ Cell # _____ email _____

Employment History

Starting with your most recent employer, provide the following information

Employer _____ Telephone _____ Dates employed: _____ to _____

Address _____ Job Title _____

Immediate supervisor and title (for most recent position held) _____

Summarize the type of work performed and job responsibilities _____

What did you like most about your position _____

Employer _____ Telephone _____ Dates employed: _____ to _____

Address _____ Job Title _____

Immediate supervisor and title (for most recent position held) _____

Summarize the type of work performed and job responsibilities _____

What did you like most about your position _____

References

List name and telephone number of three business/work references who are *not* related to you and are not previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship	Telephone	# of Years Known