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| **STUDENT EMPLOYMENT APPLICATION****Cedar Bluffs Public School** |
| **PERSONAL INFORMATION** |
| Name: |  | Phone: |
| Address: |  |
|  | Driver’s License #: |  |
| **WORK EXPERIENCE** |
| Name of Business | Dates Employed | Work Performed | Supervisor & Phone Number |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| List any special skills you have: |
| **REFERENCES** |
| Name | Relationship | Contact Information |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| APPLICANTS ACKNOWLEDGEMENTI certify that all questions are fully and correctly answered. I understand that false statements or failures to discuss certain information may disqualify me for employment or, if employed, may result in my dismissal. I authorize the release of information that may be required to make an employment decision from present and past employers, educational institutions, appropriate law enforcement agencies, and all other relevant sources. I release all parties from all liabilities for providing or using such information. All information (including information on any accompany resume) is subject to verification. The results from any criminal records or background check may be grounds for disqualifying me or terminating my employment. I recognize that neither this application nor any future employment is a contract. If I become employed, my employment will be at-will and for no definite period of time. I will be free to end my employment at any time for any reason, and Cedar Bluffs Public School has the same right. I understand that this application for employment will remain active for a period of time not to exceed six months. These provisions supersede any oral or written representation contrary, whether before or after my employment, unless a written statement is signed and dated by the president of the board of Cedar Bluffs Public Schools.  |
| Signature of Applicant: | Date:  |