

YOU MAY NOT SUBMIT A RESUME IN LIEU OF COMPLETING THIS WORK HISTORY

Describe your work history below beginning with your current or most recent job. Include military and/or volunteer experience. If you worked for the same employer but at various times held different jobs, describe each separately. Describe in **DETAIL** the **SPECIFIC DUTIES** beginning with your primary duties (attach additional sheets if necessary). A resume may be attached **ONLY** as additional information. If duties varied widely in one job give percentages of time for each duty. Indicate the number and types of employees under your **SUPERVISION**. (Emphasize work you feel relates to the job for which you are applying). Failure to give complete and detailed information regarding each job held may result in your disqualification.

WORK HISTORY

Current or Last Employer		Address		
Official Job Title	Supervisor/Phone Number	From (Month/Year)	To (Month/Year)	
Hours Per Week	Starting Salary	Ending Salary	Reason for Leaving	May we contact Employers?
	\$ _____ Per _____	\$ _____ Per _____		_____ Yes _____ No
Detail of Duties				
Was position subject to drug and alcohol testing under Federal guidelines? YES <input type="checkbox"/> NO <input type="checkbox"/>				

Current or Last Employer		Address		
Official Job Title	Supervisor/Phone Number	From (Month/Year)	To (Month/Year)	
Hours Per Week	Starting Salary	Ending Salary	Reason for Leaving	
	\$ _____ Per _____	\$ _____ Per _____		
Detail of Duties				
Was position subject to drug and alcohol testing under Federal guidelines? YES <input type="checkbox"/> NO <input type="checkbox"/>				

Current or Last Employer		Address		
Official Job Title	Supervisor/Phone Number	From (Month/Year)	To (Month/Year)	
Hours Per Week	Starting Salary	Ending Salary	Reason for Leaving	
	\$ _____ Per _____	\$ _____ Per _____		
Detail of Duties				
Was position subject to drug and alcohol testing under Federal guidelines? YES <input type="checkbox"/> NO <input type="checkbox"/>				

1. DRIVER'S LICENSE# _____ STATE _____ EXPIRATION DATE _____

2. OTHER LICENSE OR CERTIFICATION _____

RELATIVES WORKING FOR THE DISTRICT

List below any relatives (first cousins or closer) employed by the District.

Full Name	Relationship	Department Where Working	Position

Do you have any experiences from your military service that would be relevant to the job(s) for which you are applying? If yes, please explain: _____ Yes _____ No

Do you have any commitments to another employer that might affect your employment with the District? If yes, please explain: _____ Yes _____ No

If hired, can you furnish proof that you are 18 years of age? _____ Yes _____ No

If hired, can you furnish proof that you are eligible to work in the United States? (If unsure of the documents needed to prove eligibility to work in the U.S., we will be happy to explain the legal requirements). If no, please explain: _____ Yes _____ No

Have you been convicted of a crime (felony or misdemeanor), or released on probation or released from a federal, state or local detention facility in the past? Note: A yes answer may not automatically disqualify you from employment. If yes, please explain fully: _____ Yes _____ No

Are you presently charged with a pending criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or a dropping of the charge)? Note: A yes answer may not automatically disqualify you from employment. If yes, please explain fully: _____ Yes _____ No

MILITARY SERVICE

Branch of Service	Date Entered	Date of Discharge	Rank

REFERENCES: List three persons who are not related to you and who have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. Do not repeat names of supervisors listed under Employment History. Do not list the name of your minister or religious leader.

Full Name	Years Known	Occupation	Address	Phone

GIVE A BRIEF DESCRIPTION OF YOUR QUALIFICATIONS AND ACCOMPLISHMENTS:

IMPORTANT

Please Read Carefully and Initial Each Paragraph Before Signing

By my signature and initials placed below, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the District if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

_____Initials

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I authorize the District to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I understand that the District may request an investigative consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools and others. I understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to the District within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

_____Initials

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide the District with relevant information and opinion that may be useful to the District in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

_____Initials

I give permission for a complete post offer employment physical examination and drug screening, and I consent to the release to the District of any and all medical information, as may be deemed necessary by the District in judging my capability to do the work for which I am applying.

_____Initials

I understand that if my employment is terminated by the District for dishonesty, breach of trust, or any criminal acts the authorities may be notified; and I may be notified and criminally prosecuted.

_____Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, **MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME**, and may, regardless of the date of payment of my wages or salary, **BE TERMINATED AT ANY TIME**. I understand that **NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM**.

_____Initials

SIGNED _____

DATE _____

THIS APPLICATION WILL REMAIN ACTIVE FOR ONE YEAR
EQUAL OPPORTUNITY EMPLOYER