

ST. CROIX CENTRAL SCHOOL DISTRICT Employment Application

Please Print. All sections will grow as you type.

Date: _____ ,

Last:	First:	MI:
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email Address:		
Drivers License Number:	Issuing State:	

Position Applied For:	
1 st Choice:	
2 nd Choice:	
Have you filed an application with us before? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date Position
Are you currently under contract with another district? <input type="checkbox"/> No <input type="checkbox"/> Yes	

EDUCATIONAL BACKGROUND

Level	School or Institution and Location	Major / Minor	Diploma, Degree, or Credits Earned	GPA
High School Location				
College/University Location				
Training Facility Location				
Training Facility Location				

EXPERIENCE

List all previous employment starting with the present or most recent. Use a separate sheet of paper if necessary. You must provide the employer information on all driving jobs you have held for the past ten (10) years.

Dates		Employer	Driving Job
Start		School/Business:	No <input type="checkbox"/> Yes <input type="checkbox"/>
End		Address:	
		City: State: Zip:	Years of Experience:
		Phone:	
Work Performed:		Reason for Leaving:	
Supervisor			
Name:			
Title:			
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes Best time to contact:			

Dates		Employer	Driving Job
Start		School/Business:	No <input type="checkbox"/> Yes <input type="checkbox"/>
End		Address:	
		City: State: Zip:	Years of Experience:
		Phone:	
Work Performed:		Reason for Leaving:	
Supervisor			
Name:			
Title:			
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes Best time to contact:			

Dates		Employer	Driving Job
Start		School/Business:	No <input type="checkbox"/> Yes <input type="checkbox"/>
End		Address:	
		City: State: Zip:	Years of Experience:
		Phone:	
Work Performed:		Reason for Leaving:	
Supervisor			
Name:			
Title:			
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes Best time to contact:			

REFERENCES

References should include superintendents, principals, instructors, or supervisors who have first-hand knowledge of your professional competence and your personal qualifications.

Name:	Title:	
Address:		
City:	State:	Zip:
Phone:	Best time to contact:	

Name:	Title:	
Address:		
City:	State:	Zip:
Phone:	Best time to contact:	

Name:	Title:	
Address:		
City:	State:	Zip:
Phone:	Best time to contact:	

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional development activities:

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BACKGROUND INFORMATION

Is there a criminal charge, felony or misdemeanor, currently pending against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If "Yes", please explain:	
Have you ever been convicted of a crime, felony, or misdemeanor?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If "Yes", please explain:	
Are you subject to any visa or immigration status, which would prevent lawful employment	<input type="checkbox"/> No <input type="checkbox"/> Yes

Conviction of a crime or arrest is not an automatic bar to employment. The District will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Signature of Applicant

Date of Signature

Acceptance, retention or review of the application for employment by the District does not guarantee that an applicant will be offered a job. Any misrepresentation or willful omission of facts by the applicant on this application will constitute sufficient cause to disqualify the applicant or terminate the applicant's employment.

I hereby authorize the District to conduct work history and personal reference inquiries to determine my acceptability for employment.

Signature of Applicant

Date of Signature