

Medicine Lake School

Application for Classified Employment

PLEASE TYPE OR PRINT CLEARLY USING A PEN

Name: _____ SSN: _____

Mailing Address: _____

City: _____ State: _____ Zip Code _____

Any Previous Name/s: _____

Home Phone No: _____ Other Phone No: _____

Specific position for which you are applying: _____

Other positions in which you are interested or for which you qualify: _____

Coaching/Advising Interests and Experience: _____

Please answer the following questions:

1. Do you have the legal right to work in the United States? _____

2. Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying? _____

3. What types of equipment, which relate to the position for which you are applying can you operate?

4. What job related skills do you possess that you feel will help you perform the tasks of this job? _____

5. Describe the type of work you do best. _____

6. Have you ever been released or discharged from employment or resigned to avoid such release or discharge? _____

If yes, please explain; include date of discharge or resignation and reason for discharge or resignation:

7. I hereby certify that (check the applicable box and provide the information requested):

- I have not pleaded guilty to or have been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere/no contest (minor traffic offenses excepted).
- I have pleaded guilty to or have been convicted of at least one violation of criminal law. Please attach and sign a complete description of the circumstances surrounding such conviction. (This may not necessarily disqualify a person from consideration for employment)

All statements and information provided within this application and its attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact may result in refusal of or separation from employment.

Applicant Signature

Date

ADDITIONAL PERTINENT INFORMATION, QUALIFICATIONS, CERTIFICATES

REFERENCES

Please list current information for at least three and no more than four references below

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone (home and work)</u>
1.			
2.			
3.			
4.			

Education History

<u>High School/University/College</u>	<u>Location</u>	<u>Subject</u>	<u>Degree</u>	<u>Years</u>
1.				
2.				
3.				
4.				

List from most recent to least recent attendance

Employment Record

List your present or most recent employer. Describe your employment history, accounting for all the time during at least the last 15 years. You may include volunteer and paid experience. DO NOT substitute a resume. You may attach additional information.

Do you wish to be notified before we contact your current or previous employers? _____

Employer: _____ Your Job Title: _____
Address: _____
Immediate supervisor and title: _____
Telephone: _____ Employment dates: From _____ To _____
Job Duties (brief statement - be sure to list all duties related to this position): _____ _____ _____
Reason(s) for Leaving: _____ _____
Salary: _____

Employer: _____ Your Job Title: _____
Address: _____
Immediate supervisor and title: _____
Telephone: _____ Employment dates: From _____ To _____
Job Duties (brief statement - be sure to list all duties related to this position): _____ _____ _____
Reason(s) for Leaving: _____ _____
Salary: _____

Employer: _____ Your Job Title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To _____

Job Duties (brief statement - be sure to list all duties related to this position): _____

Reason(s) for Leaving: _____

Salary: _____

Employer: _____ Your Job Title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To _____

Job Duties (brief statement - be sure to list all duties related to this position): _____

Reason(s) for Leaving: _____

Salary: _____

Equal Opportunity Employer

Medicine Lake Public Schools prohibit discrimination against or harassment of any person employed by or seeking employment with the school district because of race, creed, religion, color, political affiliation or national origin or because of age, physical or mental disability, marital status, or gender when the reasonable demands of the position do not require an age, physical or mental disability, marital status, or gender distinction. People of disability may request reasonable accommodation in the hiring process by contacting the school district personnel office.

Proof of Employability

Any applicant chosen for employment must be able to produce a social security card, driver's license, or some other acceptable form of verification of employment eligibility in the United States pursuant to Form I-9 of the U.S. Department of Justice.

Similarly, a selected applicant must provide a set of fingerprints and be subject of a national fingerprint-based criminal history record check.

Authorization to Release Employment Records

If employed by Medicine Lake Public Schools, the applicant authorizes the school district to supply his/her employment record at the school district's sole discretion, in whole or part, to any prospective employer, government agency, or other party, when the school district's interest is deemed appropriate.

Drug Free/Tobacco Free Policies

Medicine Lake Public Schools are drug free, tobacco free schools and, as such, require all employees to adhere to specific drug free, tobacco free policies.

Acknowledgment

I understand that no offer of benefits, such as, but not limited to, a pension plan, insurance, vacation, or salary rate, is final until it has been reviewed by , and fully approved by the board of trustees or designated authorized representative. Further, I have read and understand the above policies of employment.

Applicant

Date

Affirmative Action Information

Providing this information is strictly on a voluntary basis. State law requires that employers keep records on the race and sex of applicants and employees to facilitate the enforcement of equal employment opportunity laws. This statement will be filed separately from all of your other employment records. As required by state law, it will be available only to the school district personnel department and federal/state employment enforcement officers.

Complete the following information and return it with your completed application to the school district office.

Date: _____ Sex: _____ Age: _____ Position applied for: _____ Ethnic Group: _____