

WORK EXPERIENCE

List previous employers listing most recent first.

Date of Employment From -----To	Company Name & Address	Telephone Number	Supervisor Name
/			
/			
/			
/			
/			
/			
/			
/			
/			

Please convey any other information that you feel would strengthen your application.

REFERENCES

Name and Address

Current Telephone Number

1. _____
2. _____
3. _____

* Employees of the district drive school vehicles in the course of their duties. Therefore, please attach a copy of your current drivers license to this completed application.

* The Ellinwood School District is an equal employment opportunity employer and subscribes to all Federal and State rules and regulations regarding employment and assignments of duties as specified in Section 504 A.D.A. & I.D.E.A.

1. I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination.
2. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize any background checks by any third party.
3. I authorize you to request, receive, and verify all information given on this application and I release you from all damages that may result from your doing so.
4. I authorize you to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation, and I release you from all liability for any damages that may result from your doing so.

As a condition of employment, the candidate selected for this position must be willing to submit to a drug screen. Upon receipt of notification that the screen is negative the employee will be considered an employee of the district.

Applicant's Signature: _____

Date _____