



CIMARRON USD 102

Application for Classified Employment

It is the policy of this district to provide equal employment opportunities to all qualified persons without regard to race, creed, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

POSITION APPLYING FOR: _____ DATE _____

PERSONAL INFORMATION

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

CURRENT ADDRESS

STREET AND APT. # _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: _____ E-MAIL: _____

I am a citizen of the United States on an unrestricted basis

- Yes
- No

Bus driver applicants only please list traffic citations for the past 3 years:

Have you ever been convicted of a felony?

- Yes
- No

If you answered yes, please explain: _____

I hereby give my permission for USD 102 to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment / volunteer position with this organization. I also understand that, as long as I remain an employee or volunteer with USD 102, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history.

I the undersigned, do release, and forever discharge and agree to indemnify and hold harmless USD 102 and each of its employees and agents from and against any and all causes of action suits, liabilities, costs, claims and demands whosoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an employee / volunteer of USD 102.

Signed: _____ Date: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

(The above information will be used solely to conduct a criminal history check)

EMPLOYMENT HISTORY

Present or Most Recent Employer

Employer: _____ Address: _____
Position Held: _____ Salary: _____
Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____
Position Held: _____ Salary: _____
Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____
Position Held: _____ Salary: _____
Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____
Name Title

Reasons for Leaving: _____

EDUCATION

HIGH SCHOOL

Name and Address _____

Did you graduate? _____ Attended from _____ to _____.

If you did not graduate, did you receive your GED? _____

Special honors or awards: _____

TECHNICAL OR VOCATIONAL SCHOOL

Name and Address _____

Did you graduate? _____ Attended from _____ to _____.

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

COLLEGE OR UNIVERSITY

Name and Address _____

Did you graduate? _____ Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

COLLEGE OR UNIVERSITY

Name and Address _____

Did you graduate? _____ Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

REFERENCES

Personal References

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Occupation</u>
1)	_____		
2)	_____		
3)	_____		

POSITION INFORMATION

Do you know of any reason that would prohibit you from completing the school year if you are employed by the school district? _____

Have you been involved in any type of workman's comp. claim? If so, please explain.

Please list any specific skills that you may possess: _____

All employees must have a physical examination prior to the following employment. The school district will pay \$50.00 on required examination. Bus drivers are also required to have Red Cross First Aid and Defensive Driving Courses.

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal.

Signature: _____ Date: _____