MIDWAY SCHOOL DISTRICT
Classified Employee Application for Employment

_____ _____
Position for Which You Are Applying Date

Applicant Name: _____
First Middle Last

Mailing Address: _____
Street City State Zip Code

Home Phone: ( ) _____ Business Phone: ( ) _____

Do you wish to claim Veteran's Preference? _____ Yes _____ No If yes, please submit report of DD-214

Are you over the age of 18? _____ Yes _____ No If no, hire is subject to verification.

Do you have a valid driver's license? _____ Yes _____ No
State: _____ Type: _____ Expiration Date: _____

Have you been convicted for a crime other than minor traffic infractions?: _____ Yes _____ No

If yes, please describe in full:

_____

_____

Conviction does not necessarily disqualify you from employment.
You need not disclose convictions that have been judicially sealed, expunged, or statutorily eradicated.

Would you work: _____ Full Time _____ Part Time Specify number of hours if only part time: _____
Were you previously employed in our school district? _____ Yes _____ No
If you have ever worked under a different name, please state name: _____

EDUCATION: (Circle Highest Grade Completed) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18					
NAME AND LOCATION OF SCHOOL	Course or Major	Hours of Units Completed	Did you Graduate?	Degree Received	Date Completed
HIGH SCHOOL					
JUNIOR COLLEGE					
COLLEGE OR UNIVERSITY					
BUSINESS, CORRESPONDENCE, TRADE OR GRADUATE SCHOOL					

EMPLOYMENT RECORD (List LAST position FIRST)			(Show complete record, including periods between jobs, for at least 10 years. Applications not showing REQUIRED EXPERIENCE may be rejected)		
FROM Mo./Yr.	TO Mo./Yr.	Occupation and Description of Duties Performed	Salary	Employer's Full Name and Address	Reason for Leaving (If dismissal explain below)

USE SPACE BELOW FOR EXPLANATIONS OR ADDITIONAL INFORMATION

Is there any other information which may help us find the job for which you are best qualified?
Have you any special skills, qualifications, training, or experience not shown on this form?

PROFESSIONAL REFERENCES	THREE (3) REFERENCES REQUIRED!	
Name and Title	Address	Telephone

ANY PERSONAL DOCUMENTS WHICH YOU ENCLOSE WILL NOT BE RETURNED UNLESS ACCOMPANIED BY A SELF-ADDRESSED ENVELOPE BEARING SUFFICIENT POSTAGE.

I HEREBY CERTIFY that all statements made in this application are true. I authorize the District to investigate my references, work record, education, and other matters related to my suitability for employment. I also authorize the references and my prior employers to disclose to the District any and all letters, reports, and other information related to my professional and personal background, without giving me prior notice of such disclosure.

I agree and understand that any misstatement of material facts herein will cause (a) rejection of my application, and (b) forfeiture on my part to any employment or payment as an employee in the service of this District. I further agree to be fingerprinted, to submit to a complete medical examination, and upon employment, to furnish such proof of age and citizenship as may be directed.

_____ _____

Signature of Applicant Date

The district shall not unlawfully discriminate against employees or job applicants on the basis of sex, race, color, religious creed, national origin, ancestry, age over 40, marital status, physical or mental disability, or Vietnam era veteran status.

AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER