

South Bend School District #118

PO Box 437, South Bend WA 98586
Tel. (360) 875-6041

CLASSIFIED APPLICATION FOR EMPLOYMENT

To Applicant: We deeply appreciate your interest in our school district and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

Personal

Date _____

Name _____ Social Security No. _____
Last First Middle

Present Address _____ Telephone No. _____
No. Street City State Zip

Position Applied for: _____ Rate of pay expected \$ _____ per hour

Do you have any physical condition which may limit your ability to perform the job for which you are applying? _____

If yes, describe such condition _____

What method of transportation will you use to get to work? _____

Were you previously employed by the district? _____ If yes, when? _____

List any friends or relatives working for us _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any experiences, skills, or qualifications which you feel would especially fit you for work with our school district?

Record of Education

School Name	City and State	No. Years Completed	Graduation Date	Degree and Major
High School				
College/Vocational Training				
College/Vocational Training				

Are you a Highly Qualified Paraprofessional? [] Yes [] No

If yes, Date passed test _____ or College Degree (AA or BA) _____ or 72 College Credits _____

Employment History

Are you currently employed? _____

Please describe below your past four employment positions beginning with the most recent.

Name and Address of Employer	Type of Business	Dates of Employment	Position & Duties	Reason for Leaving	May we contact this employer?
Name of Supervisor					
Telephone					

Name and Address of Employer	Type of Business	Dates of Employment	Position & Duties	Reason for Leaving	May we contact this employer?
Name of Supervisor					
Telephone					

Name and Address of Employer	Type of Business	Dates of Employment	Position & Duties	Reason for Leaving	May we contact this employer?
Name of Supervisor					
Telephone					

May we contact the employers listed above? _____ If not, indicate who you do not wish us to contact _____

Personal References (Not Former Employees or Relatives)

Name and Occupation	Address	Phone Number

Additional Information

Do you speak, write or understand any foreign languages? _____

If yes, which language(s)? _____

By signing below, I give the school district permission to inquire about my background by interviewing other people, contacting past employers and through police background checks.

Signature of Applicant

Date