STRASBURG SCHOOL DISTRICT NO. 31-J NON-CERTIFIED POSITION APPLICATION

Dear Applicant:

Thank you for your interest in working for Strasburg School District No. 31-J. This application is intended for use in evaluating your suitability for employment. It is not an employment contract. Please furnish complete and accurate information. The District will not consider incomplete applications. The District will verify your application and false or misleading statements will be grounds for refusal or termination of employment and benefits. Strasburg School District No. 31-J is an equal opportunity employer and does not unlawfully discriminate on the basis of race, color, ethnicity, sex, national origin, creed, religion, age, sexual orientation, disability or other protected status. Compliance Officer: Monica Johnson <u>mjohnson@strasburg31j.com</u> 303-622-9211 ext 898

PERSONAL INFORMATION

Name (First, Middle, Last): Social Security No.:				
Present Address (Street, City, State, Zip):				
Permanent Address (if different):				
Phone Number:	Alternate Number:	Email:		
Are you a veteran or a current member of the U.S. Armed Forces? □ Yes □ No				
MARK APPROPRIATE BOXES:				
□ New Application				
Previous Application on File				
Former Employee of the School District				
Part-time				
Temporary				
List positions for which you are applying:				

QUALIFICATIONS

(If space provided is insufficient, please attach additional sheets as needed)

PREVIOUS EMPLOYERS:

PLEASE NOTE: Your application will <u>not be</u> considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical.* Ask for a phone book or call information if you need. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER Yes	No Are you currently working for th	is employer?	
	s 🗆 No If yes, may we contact?		PHONE ()
			FAX ()
COMPANY NAME	CITY	STATE	
DATES EMPLOYED	JOB TITLE	SUPERV	ISOR NAME
DUTIES			
PER SALARY (HOUR, WEEK, MONTH)	REASON FOR LEAVING		
SECOND MOST RECENT EMPLOYER			
			PHONE ()
			FAX ()
COMPANY NAME	CITY	STATE	
	-	-	
DATES EMPLOYED	JOB TITLE	SUPERV	ISOR NAME
DUTIES			

PER SALARY (HOUR, WEEK, MONTH)	REASON FOR LEAVING			
, , , , , , , , , , , , , , , , , , ,	REASON FOR LEAVING			
HIRD MOST RECENT EMPLOYER				
			PHONE () FAX ()	
COMPANY NAME	CITY	STATE	ГАА	
		OTATE		
DATES EMPLOYED	JOB TITLE	SUPER	VISOR NAME	
DUTIES				
PER				
ALARY (HOUR, WEEK, MONTH)	REASON FOR LEAVING			
REFERENCES: Include only individual	s familiar with your work ability. Do not i	nclude relatives.		
JAME	ADDRESS/PHONE		KNOWN/RELATIONS	HIP
DUCATION: Diagon size high of grade	completed 7 8 0 10	11 12 12 1	4 15 16 16	
EDUCATION: Please circle highest grade If your school records	completed. 7 8 9 10 are under a different name than above, _l		4 15 16 16+ ::	-
NAME	CITY/STATE		GRADUATE?	DEGREE?
IGH SCHOOL				
OLLEGE				
THER				
	DRIVING RECORI	.		
	DRIVING RECORD			
f your duties do not include driving, please	skip this section.			
Do you have a valid driver's license? \Box Ye	es 🗆 No			
lave you had any moving traffic conviction				
State of Issue				
ype of driver's license	_DL#	_		
Endorsements?				
Restrictions?				
	SECURITY:			
Applicants who are offered employment		d to ou occoofully o	omplete e eriminel	bookaround
Applicants who are offered employmer sheck in accordance with state law.	it with the District will be required	a to successfully c	complete a criminal	background
sheek in accordance with state law.				
n which states have you lived the past sev	en years? (Include counties)			
lave you used any names (aliases, maide	n names, married names, etc.) or S	ocial Security numb	ers other than given o	on page one?
\Box Yes \Box No If so, please list		-	-	
- 103 - 110 11 30, picase list				
lave you ever been charged with any crim	e other than a minor traffic offense?	? (Note, a DUI is not	considered a minor of	offense)
] Yes □ No If so, please list				
lave you ever been convicted of, pled guil		y crime, other than a	minor traffic offense,	, or received a
eferred sentence? (Note, a DUI is not cor				
□ Yes □ No If so, please list				
			in the 1911	
Have you been terminated or resigned from				h

□ Yes □ No If so, please list _____

INCIDENT DATE	CITY/STATE	CHARGE

To avoid conflict of interest, list any local school board member or employee relative(s) in the school district and cite relationship.

Estimate your total absence from work or school for the last three years and explain the reason(s).

PLEASE READ CAREFULLY BEFORE SIGNING

CERTIFICATION AND RELEASE: I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the school and/or its agents including consumer reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers, persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE
SIGNATURE	DATE

FOR OFFICE USE ONLY			
Background information requested			
1.	Former employers	7.	Place. File
2.	References	8.	NTE
3.	Workers' Comp _	9.	Core
4.			Transcripts
5.	Criminal History	11.	Spec
6.			Cert

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