

RIVER VALLEY SCHOOL DISTRICT

Application for Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, sexual orientation, criminal record, or veteran status.

P E R S O N A L	Last Name	First	Middle	Date of Application
	Street Address			Home Telephone
	City	State	Zip	Business Telephone
	Position Desired			Are you of legal age to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, month and year: _____ Position: _____			
Have you been convicted of a crime in the past 10 years which has not been annulled, expunged, or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work?	
If yes, describe in full: _____				

E D U C A T I O N	School	Name and Location	Course of Study	Number of Years Completed	Did you graduate ?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

R E F E R E N C E S	1	Name	Telephone
		Address	
		City/State/Zip	
	2	Name	Telephone
		Address	
		City/State/Zip	
	3	Name	Telephone
		Address	
		City/State/Zip	

E M P L O Y M E N T	1	Employer	Telephone
		Address	Employment Dates (month/year) From: To:
		City/State/Zip	Hourly Pay
		Job Title	Duties
		Name of Supervisor	Reason for Leaving
	2	Employer	Telephone
		Address	Employment Dates (month/year) From: To:
		City/State/Zip	Hourly Pay
		Job Title	Duties
		Name of Supervisor	Reason for Leaving
	3	Employer	Telephone
		Address	Employment Dates (month/year) From: To:
		City/State/Zip	Hourly Pay
		Job Title	Duties
		Name of Supervisor	Reason for Leaving
	4	Employer	Telephone
		Address	Employment Dates (month/year) From: To:
		City/State/Zip	Hourly Pay
		Job Title	Duties
		Name of Supervisor	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT:

Employer:

Reason:

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Please list any special skills or training relevant to the position for which you are applying.

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Please list your memberships in professional civic organizations. You may exclude those which may disclose your race, color, religion, or national origin.

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The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I hereby authorize the employer to contact previous employers and references listed, except those that I have specified should not be contacted and the reason.

Applicant's Signature

Date

For Employer Use Only

R E F E R E N C E C H E C K	Person Contacted	Results

T E S T R E S U L T S	Test Administered	Score	Rating	Analysis/Comments

I N T E R V I E W R E S U L T S	Interviewer Name:
	Comments: