

Educational and Professional Training

Do you possess a high school diploma or GED?

YES NO

<i>NAME OF SCHOOL</i> College or University	<i>CITY & STATE</i>	<i>DEGREES</i>	<i>MAJOR</i>
<i>Technical, Business or Other</i>			

Employment History (Answer all questions for each employer listed)

Beginning with your current or most current job, list all paid or unpaid work experience during the last ten years (or longer if pertinent to the positions applied for) including military experience. Explain any gaps in your work experience that exceed six months.

Employer Name	Phone		
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Position or Title</i>	<i>Supervisor</i>	<i>Dates of Employment</i>	
		From <input type="text"/> - <input type="text"/> - <input type="text"/>	
		To <input type="text"/> - <input type="text"/> - <input type="text"/>	

Reason For Leaving

May we contact this employer for a work reference?

YES NO

If no, please explain

Employer Name	Phone		
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Position or Title</i>	<i>Supervisor</i>	<i>Dates of Employment</i>	
		From <input type="text"/> - <input type="text"/> - <input type="text"/>	
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Employer Name	Phone		
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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		From <input type="text"/> - <input type="text"/> - <input type="text"/>	
		To <input type="text"/> - <input type="text"/> - <input type="text"/>	

Reason For Leaving

May we contact this employer for a work reference?

YES NO

If no, please explain

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Employer Name	Phone		
Street Address	City	State	Zip
Position or Title	Supervisor	Dates of Employment From <input type="text"/> - <input type="text"/> - <input type="text"/> To <input type="text"/> - <input type="text"/> - <input type="text"/>	
Reason For Leaving			
May we contact this employer for a work reference? <input type="checkbox"/> -YES <input type="checkbox"/> -NO If no, please explain			
Indicate certificates, training and/or skills which are applicable to the position you desire:			

Professional References (Individuals who can provide job related reference information)	
1.	Name of Reference Address
	Company/Occupation
	Current Phone Working Relationship
2.	Name of Reference Address
	Company/Occupation
	Current Phone Working Relationship
3.	Name of Reference Address
	Company/Occupation
	Current Phone Working Relationship

DECLARATION –

I understand that before I can be hired and begin work, I must take and successfully pass a pre-employment DRUG SCREENING, administered by a physician designated by the District. I hereby authorize the release of all prior medical records to the physician pertaining to my employment. I also authorize the release of all my prior employment information to the bearer of this release.

I give the District the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the District and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant: _____

Printed Name: _____

Date: _____