



Classified Employment Application

Position applying for: _____

Full Name: _____ Social Security No.: _____
Last First M.I.

Mailing Address: _____

Physical Address: _____

Home/Cell Phone: _____ E-mail Address: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If so, when? _____

Have you even been convicted of a felony? Yes No If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate: Yes No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate: Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate: Yes No Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____ Phone: _____

Company & Address: _____

Full Name: _____ Relationship: _____ Phone: _____

Company & Address: _____

Full Name: _____ Relationship: _____ Phone: _____

Company & Address: _____

Previous Employment

Company & Address: _____ Phone: _____

Job Title: _____ From: _____ To: _____

Starting Salary: _____ Ending Salary: _____ Supervisor: _____

Responsibilities: _____

Reason for Leaving: _____

Yes No

May we contact your previous supervisor for a reference?

Company & Address: _____ Phone: _____

Job Title: _____ From: _____ To: _____

Starting Salary: _____ Ending Salary: _____ Supervisor: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company & Address: _____ Phone: _____

Job Title: _____ From: _____ To: _____

Starting Salary: _____ Ending Salary: _____ Supervisor: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

If employed, the applicant agrees to accept assignment to building, subjects and activities as made by the school board or designated by administration. My signature certifies that all the information I have provided is factual.

AUTHORIZATION FOR RELEASE OF PERSONAL DATA

I, the undersigned, hereby authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other persons having personal knowledge about me to furnish the Dickinson Catholic Schools and its agents with any and all information in their possession regarding me, in connection with an application for or retention of employment. I also give the ND Dept. of Human Services and the County Social Service office permission to check for my name in child abuse or neglect files and the ND Child Abuse & Neglect Index, for a period not to exceed one year. I hereby release from liability and hold harmless all persons and corporations supplying this information to the Dickinson Catholic Schools and its agents. A photocopy or facsimile (fax) of this authorization is as effective as the original.

Signature of Applicant

Date