

# APPLICATION FOR EMPLOYMENT

## DORA R-III SCHOOL

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
last first middle

ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
street/box number city/state zip

Are you legally eligible for employment in the U.S.A? yes\_\_\_ no\_\_\_ (if yes, verification will be required)

POSITION(S) APPLIED FOR \_\_\_\_\_

WERE YOU PREVIOUSLY EMPLOYED BY US? \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_

If your application is considered favorably, on what date will you be available to work? \_\_\_\_\_

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the employment stage.)

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### RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE ?	LIST DIPLOMA OR DEGREE
ELEMENTARY	_____		5 6 7 8	YES ___	
	_____		1 2 3 4	NO ___	
HIGH SCHOOL	_____		1 2 3 4	YES ___	
	_____		1 2 3 4	NO ___	
COLLEGE	_____		1 2 3 4	YES ___	
	_____		1 2 3 4	NO ___	
OTHER (SPECIFY)	_____			YES ___	
	_____			NO ___	

List below all present and past employment, beginning with your most recent.

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.			
Telephone	Describe the work you did:						
	Reason for Leaving:						

**PERSONAL REFERENCES** (Not former Employees or Relatives)

Name and Occupation

Address

Phone


The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I also authorize you to investigate my personal history and past employment history.

Dora Public Schools  
Dora, MO 65637  
An equal Opportunity Employer

\_\_\_\_\_  
Signature

**RELEASE**

**PLEASE RELEASE BEFORE SIGNING**

I acknowledge and agree to the following provisions as conditions to consideration of my application for employment:

I hereby authorize my current and former employees and references to furnish any information about me and my work experience. I release my current and former employers and references from any and all liabilities or damages of any nature as a result of providing such information. My current and former employers and references may rely on a signed copy of this release.

I understand and consent to having criminal and arrest records checks as well as background checks by the Missouri Division of Family Services as a condition for consideration of my application for employment.

I certify that the answers given in this application are true and complete to the very best of my knowledge. In the event I am employed by the District and in the further event that I provided false or misleading information in this application or in subsequent employment interviews, I understand that my employment may be terminated at any time after discovery of the false or misleading information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date