## Hubbard-Radcliffe Community School Employment Application (4/1/08)

## **Personal Data**

Name:			I	Oate:					
First Address:	Last		MI						
Street		City	State		Zip				
Social Security No	/	/	_ Home Phone N	oen	nail:				
Position Applied F	osition Applied For:Rate of Pay Expected:								
Do you want to wo	ork: 🗖 full-t	ime □pa	art-time						
When are you avai	lable to begi	n work?							
Have you been employed here before?If so, when?									
Questionnaire: Pl Have you ever been exploitation?	_		_		rassment o □ Yes	or □No			
Has any civil or crim sexual abuse, sexual					against yo □ Yes	ou relating to			
Have you ever been	dismissed fro	m any positi	unprof unf	oral conduct? fessional conduct? itness for service? atisfactory service	□ Yes □ Yes	☐ No ☐ No ☐ No ☐ No			
Have you ever been offenses)?	charged or co	nvicted of ar	ny felony or misder	neanor (other than	minor tra				
If you answered yes to ar complaint and/or dismiss		uestions, please	e attach an explanation	of the circumstances so	urrounding t	the conviction,			
<b>Authorization:</b> I hereby affirm that the in best of my knowledge. I consideration for employ	also agree that a	ny false inform	ation or significant om	issions may disqualify	me from fu				
I authorize a thorough in investigation, and release I recognize that, when co previous employers. I he the school and to disclose	from all liability nsidering my ap reby authorize a	y or responsibil plication the scl representative	ity all persons or corponool may contact the er from each such employ	rations requesting or sunployers I listed as refe	upplying suc erences or a	ch information. ny of my			
I understand that according documentation to verify the understand that any offer within the time period recording to the time period recording to the understand that according to the understand the understand that according to the understand the under	heir identity and s of employmen	U.S. citizen sta	atus or, if aliens, their le	egal authorization to w	ork in the U	J.S. I			
Applicant's Sig	gnature			Date					
Witness Signat	ure			Date					

Education	School Name	Address	Yrs. Comp.	Dagraa/Data Pagaiyad				
College	School Name	Address	rrs. Comp.	Degree/Date Received				
High School								
Elementary								
Other								
Did you receiv	ve any special honor	ı rs? Y N Plea	ase describe					
Describe any l	icenses, apprentices	ships or speciali	zed training you	u possess				
-	-	-	• •	sess which would be an asset to				
Prior Employ	<b>ment</b> (List employers f	or past 10 years starti	ing with your most re	ecent employment)				
Employer:	ployer:Supervisor's Name/Phone:							
Address:	Period of Employment:							
Position Held:	Duties & Responsibilities:							
Reason for Lea	aving:							
******	<***************	******	******	*********				
Employer:	Supervisor's Name/Phone:							
Address:		Period of Employment:						
Position Held:		Dutie	s & Responsibi	lities:				
Reason for Lea	aving:							
	**************************************							
Address:		Period of Employment:						
		Duties & Responsibilities:						
Reason for Lea	aving:							
				**************************************				
race, color, sex,	national origin, gend	er identity, disab	ility, age, religion	n, creed, or sexual orientation in its				
employment po	licies as required by	Fitle VI and VII o	of the 1964 Civil	Rights Act, Title IX of the 1972				
	ndment and Section 5							
				res found in Board Policy Section 102				
action employer		SCHOOL DISTRICT 18	an equal employ	ment opportunity/affirmative				
action employer	•							