



PERSONAL INFORMATION

General Information

Position applying for

How did you learn about this position?

Contact Information

First Name

Last Name

Middle Name

Email

Primary Phone

Alternate Phone

Nickname

Skype Address

Present Address

Street

City

State

Zip Code/Postal Code

Country

Work Authorization

Are you legally able to work in the U.S.? Yes ___ No ___

Equal Opportunity Information

Providing this information is strictly voluntary. You will not be subject to adverse action or treatment if you choose not to provide this information. If you choose not to provide this information, please select 'Decline to Identify.' Here ____

Ethnicity:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White



BACKGROUND INFORMATION

Is your physical/mental health condition such that you can fulfill the essential job functions of the work for which you are applying (either with or without reasonable accommodations)?

Have you listed ALL current and former employers who are education providers in the Experience section of this application?

If no, explain.

I authorize my listed references, current and past employers and educational institutions, and anyone else who has information about my work history, education qualification, or fitness to provide such information to the school district for which I have completed an employment application. I release the school district and all persons providing this information to the school district, from any liability whatsoever for obtaining and providing that information, regardless of the results.

Indicate you have read and agree to these terms by placing both your INITIALS and DATE in the text box.

SECONDARY SCHOOL/HIGH SCHOOL/GED

Secondary School/High School/GED

School Attended

State

Country

*Graduation Date
(mm/yyyy)*

City

Province

GED Completion Date



EDUCATION

Undergraduate Institution #1

Name of School

Attended From (mm/yyyy)

Degree

GPA

State

Attended To (mm/yyyy)

Subject

Undergraduate Institution #2

Name of School

Attended From (mm/yyyy)

Degree

GPA

State

Attended To (mm/yyyy)

Subject

Graduate Institution #1

Name of School

From (mm/yyyy)

GPA

Degree Subject

City/State

To (mm/yyyy)

Degree

Graduate Institution #2

Name of School

From (mm/yyyy)

GPA

Degree Subject

City/State

To (mm/yyyy)

Degree

LANGUAGE FLUENCY

Language Fluency

Language #1

Language #2

Language #3

- Proficiency

- Proficiency

- Proficiency





EMPLOYMENT HISTORY

EMPLOYMENT UNDER ONE YEAR SHOULD ALSO BE INCLUDED

Present Position

Present Title

Name of Employer

Employer's Address

Employer's State

Supervisor Name

Supervisor Email

Duties and Responsibilities

Employer's Address

Employer's City

Employer's Zip Code/Postal Code

Supervisor Phone Number

Reasons for Leaving

May we Contact this Employer

Yes or No

Work Experience #1

Employer

Employed to (mm/yyyy)

Employer State

Duties and Responsibilities

Employed from (mm/yyyy)

Employer City

Title

Reason For Leaving

Supervisor Email

Supervisor Name

May we Contact this Employer

Yes or No



Work Experience #2

Employer

Employed to (mm/yyyy)

Employer State

Duties and Responsibilities

Supervisor Name

May we Contact this

Employer

Yes or No

Employed from (mm/yyyy)

Employer City

Title

Reason For Leaving

Supervisor Email

Work Experience #3

Employer

Employed to (mm/yyyy)

Address

Employer City

Title

Duties and Responsibilities

Supervisor Name

Supervisor Email

Employed from (mm/yyyy)

Employer State

Reason For Leaving

Phone Number

May we Contact this

Employer

Yes or No

ATTACHMENTS

Attachment- Please attach and submit with this form

Resume

Cover Letter

Teaching License or

Certificate



REFERENCES

Name:

| | |
|-------------------------|---------------------|
| <i>Title</i> | <i>Relationship</i> |
| <i>Address</i> | <i>City</i> |
| <i>State</i> | <i>Zip</i> |
| <i>Country</i> | |
| <i>Email</i> | <i>Phone</i> |
| <i>From</i> | <i>To</i> |
| <i>Reference Letter</i> | |

Name

| | |
|-------------------------|---------------------|
| <i>Title</i> | <i>Relationship</i> |
| <i>Address</i> | <i>City</i> |
| <i>State</i> | <i>Zip</i> |
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Name

Title

Relationship

Address

City

State

Zip

Email

Phone

From

To

Reference Letter

DISCLAIMERS AND AFFIRMATION

District Policy

Application Confirmation Statement

I certify the information I provide in this application accurately reflects my abilities and experience.

I have not intentionally lied or offered dishonest information to potential employers.

I understand that providing false or misleading information, whether discovered before or after any offer of employment, may result in actions including but not limited to suspension, dismissal, revocation of licensure, and any other measures permitted by law.

I authorize any employer to check my references, to obtain information from my prior employers and educational institutions, and to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualification and fitness for a position.

I authorize my past employers and educational institutions, and anyone else who has information about my work history, education qualification or fitness, to provide such information to the employers. I release these employers and all persons providing information to the employers from any liability whatsoever for obtaining and providing that information, regardless of the results. I understand that any job recruitment parties and its affiliates are not responsible for the outcome of my job search and are not involved in any hiring decisions that affect me.

I agree to the terms above **Affirm**

Initials and Signature

Affirmation Date
