

FLASHER SCHOOL DISTRICT #39
P.O. Box 267
206 3rd Ave East
Flasher, ND 58535
(701) 597-3355
FAX: (701)597-3781
EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT - (ANCILLARY STAFF)

DATE _____

NAME: _____ SOCIAL SECURITY #: _____
(LAST) (FIRST) (MIDDLE INITIAL)

(STREET NUMBER AND NAME) (PHONE NUMBER)

(CITY) (STATE) (ZIP CODE)

POSITION DESIRED: _____ DATE AVAILABLE FOR WORK: _____

List curricular and extra-curricular activities which you are willing and qualified to direct:

Have you filed an application with our school before?

Yes _____ No _____ Date: _____ Position: _____

RELATED WORK EXPERIENCE

Please include all full-time experiences. Begin with the most recent.

DATES: FROM	TO	NAME & ADDRESS OF EMPLOYER	SUPERVISOR	TYPE OF JOB

RELATED WORK EXPERIENCE REFERENCES:

1. _____
Name Title

Address Telephone Number

2. _____
Name Title

Address _____

Telephone Number _____

3- _____

Name _____

Title _____

Address _____

Telephone Number _____

EDUCATIONAL PREPARATION

COLLEGE/UNIV.	ADDRESS	MAJOR/ MINOR	DATES ENROLLED	DIPLOMA CONFERRED
				YES NO
				YES NO
				YES NO

Have you ever been convicted of any crime, felony or misdemeanor? _____ Yes _____ No
If you checked "yes" please give a brief explanatory statement.

I hereby authorize the district to conduct work history and personal reference inquiries to determine my acceptability for employment.

Signature _____ Date _____