

GLEN ULLIN PUBLIC SCHOOL

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number	

Are you legally eligible to work in the United States? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No

Are you 16 years of age or older? Yes No

Do you possess a valid Driver's License? Yes No

On what date would you be available for work? _____

Are you available to work? Full Time Part Time Temporary

Have you been convicted of a felony? Yes No

Explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you have no work experience, list 2 references with people who know you that have or had supervising experience, i.e. a teacher, or a parent for whom you have babysat, etc.

Employer	Dates Employed From To	Work Performed
Address	Hourly Rate/Salary Starting Final	
Supervisor	Telephone Number(s)	
Reason for Leaving		
Employer	Dates Employed From To	Work Performed
Address	Hourly Rate/Salary Starting Final	
Supervisor	Telephone Number(s)	
Reason for Leaving		
Employer	Dates Employed From To	Work Performed
Address	Hourly Rate/Salary Starting Final	
Supervisor	Telephone Number(s)	
Reason for Leaving		

Explain gaps in Employment History. _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes No

REFERENCES

1.	_____ (NAME)	()	_____ Phone #
	_____ (Address)		
2.	_____ (NAME)	()	_____ Phone #
	_____ (Address)		
3.	_____ (NAME)	()	_____ Phone #
	_____ (Address)		

Education:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

	COLLEGE/VOC. SCHOOL NAME AND ADDRESS	MAJOR SUBJECT OR DEGREES	DATES		GRADUATE	
			FROM	TO	YES	NO
1.						
2.						
3.						

Professional or Technical Licenses Held:

Type _____ License # _____ Renew # _____

State _____ Expires _____

Type _____ License # _____ Renew # _____

State _____ Expires _____

ADDITIONAL INFORMATION:

Other Qualifications – Please summarize special job-related skills and qualifications acquired from employment or other experience. _____

RELEASE OF INFORMATION

I understand and agree that:

Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal, or if employed, termination from employment.

It is my understanding that Glen Ullin School will make an investigation of my work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Glen Ullin School and I release from liability any person giving or receiving any such information. I also authorize a records check and/or finger print check. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

I agree that my employment may be terminated by this company at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to a search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I have read and understand the above.

Signature

Date

GLEN ULLIN PUBLIC SCHOOL
400 PINE AVE EAST
GLEN ULLIN, ND 58631
(701) 348-3590

APPLICATION REFERENCE

Glen Ullin Public School Contact

Person Name/Title: _____

TO: _____

_____ has applied for the position of _____
with the Glen Ullin School and has given permission (see below) to contact you regarding his/her
employment/reference with you/your organization. Complete frankness in response to the questions
will be appreciated.

The above named applicant was employed from _____ to _____

Position: _____

Employment Status: _____ Full _____ Part _____ Casual _____ Temporary

Reason for Separation: _____

Would you re-employ? _____ Yes _____ No

Quality of Work: _____ Excellent _____ Good _____ Average _____ Fair

Ability to work with Others: _____ Excellent _____ Good _____ Average _____ Fair

Attendance/Punctuality: _____ Excellent _____ Good _____ Fair _____ Poor

Personal Appearance: _____ Excellent _____ Good _____ Average _____ Fair

Dependability: _____ Excellent _____ Good _____ Average _____ Fair

Would you recommend the applicant for the position applied for? _____ Yes _____ No

Please use other side for additional comments.

Signed/Position _____ Date _____

***** APPLICANT PLEASE FILL OUT BOTTOM SECTION ONLY *****
REFERENCE INFORMATION WAIVER

I, _____, have applied to Glen Ullin School
(Please Print Clearly)

for employment consideration. In order that they may better evaluate my qualifications,
I wish that they be fully advised of my record with you.

I hearby respectfully request that you furnish the necessary information and authorize its release
without penalty or liability due to an invasion of privacy or civil rights.

Signature of Applicant _____

Date _____ Signature of Witness _____

Please return this reference via fax at 701-348-3084 or to the above address. Thank you.