

CREEDE SCHOOL DISTRICT EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

1. Please read "APPLICANT NOTE."
2. Complete all four pages of this form.
3. If more space is needed to complete any question, use general comments section or attached sheet.
4. Print clearly; incomplete or illegible applications will not be processed.
5. The AFFIRMATIVE ACTION QUESTIONNAIRE is optional. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
6. Do not fill out another attached form until instructed.

NAME: _____	_____	_____	_____
	LAST	FIRST	M.I.
EMAIL ADDRESS: _____			
HOME PHONE: _____		WORK PHONE: _____	
ADDRESS: _____			
STREET or PO BOX			
_____		_____	_____
	CITY	STATE	ZIP

APPLICANT NOTE

This application form is intended for use in evaluating your suitability for employment. It is not an employment contract. Please answer all appropriate questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, or the presence of disabilities. A felon conviction will not necessarily bar an applicant from employment. To assure qualification for essential functions of the job, employment may be contingent upon the results of additional testing of your job-related skills, mental/physical abilities, physical condition, and for the presence of drugs in your body.

MARK APPROPRIATE BOXES <input type="checkbox"/> New Application <input type="checkbox"/> Previous Application on File <input type="checkbox"/> Former Employee of Creede School District <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Substitute

INDICATE POSITION(S) DESIRED _____ _____

GENERAL INFORMATION:

Are you presently under contract? Yes No

If yes, where? _____ Present position _____

If presently employed, why do you wish to change? _____

GENERAL COMMENTS

WORK EXPERIENCE List chronologically

Employer	City/County	State	Job Description	Employment Dates	Supervisor's Name and Phone Number

EDUCATIONAL AND PROFESSIONAL TRAINING List chronologically

Level of Education	Name of School	State	Field of Study	Type of Degree	Year of Graduation	Dates of Attendance (from / to)
High School						
College or University						

GENERAL COMMENTS

GENERAL COMMENTS

SECURITY

In which states have you lived the past seven years? (Include counties): _____

Have you used any names (aliases, maiden names, married names, etcetera) or Social Security numbers other than given on page one? Yes No

If so, please list _____

Have you ever been convicted of a felony or served time for a felony? Yes No

Have you been convicted of any crimes of moral turpitude or offenses involving children, handicapped, or the elderly? Yes No

If you answered yes to any of the previous questions in this section, please describe below.

Incident Date	City and State	Charge

OTHER INFORMATION

To avoid conflict of interest, list any local school board member or employee relative(s) in the school district and cite relationship. _____

Estimate your total absence from work or school for the last three years and explain the reason(s). _____

REFERENCES

It is the applicant's responsibility to provide the following information in order to be considered for employment:

- A. The names, phone numbers, and addresses of at least three reference sources (including current employer if employed, or last employer if not currently employed)
- B. Applicants with work experience must provide recommendations from principals or superintendents from all contracts involving educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience.

Name of Reference	Position / Relationship	Mailing Address	Phone Number
1.			
2.			
3.			

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of act called for in t his application may result in rejection of my application or discharge at any time during my employment. I authorize the Creede School District and/or its agents including consumer reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers, persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If school policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to being offered a position and / or during employment.

Applicants Signature	Date
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Return this application to: Superintendent
 Creede School
 District PO Box 429
 Creede, CO 81130