

Garfield County School District

CLASSIFIED EMPLOYEE APPLICATION

An Equal Opportunity Employer

Date: _____

Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

If related to anybody in our employ, state name and department: _____

Social Security Number: _____ - _____ - _____ Referred by: _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____

Are you currently employed? _____ If yes, may we inquire of your present employer? _____

Have you applied in this District before? _____ When? _____

Education	Name of School	Years Attended	Date Graduated	Subjects Studied
Grammar School				
High School				
Trade, Business or Correspondence School				
College or University				

Have you ever been convicted of:

***** See Disclaimer Below*****

- A. A sex-related crime which involved force or minors? Yes _____ No _____
- B. A crime involving violence or the threat of violence? Yes _____ No _____
- C. A crime involving criminal activity involving drugs or alcoholic beverages? Yes _____ No _____
- D. Any other conviction other than a minor traffic violation? Yes _____ No _____

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN

Experience, Training, Skills, etc. _____

List any experience you have had that relates to dealing with children or the general public:

Former Employers: (List the last four employers starting with the latest one first)

Start Mo/Yr	End Mo/Yr	Name and Address of Employer	Salary	Position	Reason for Leaving

References: (Please provide names and addresses of three persons not related to you who you have known for at least one year)

Name	Address	Business	Years Acquainted

In Case of Emergency, Notify _____

I Authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time under the guidelines of the Garfield County School District.

I understand that I will be required to take a pre-employment drug and alcohol test.

Selection of all employees shall be by action of the Board of Education upon recommendation of the Superintendent of Schools without regard to race, color, sex, creed, religious preference, age, or handicapping condition.

Date: _____ **Applicant's Signature:** _____

*****All references stated in this application may be checked by GCSD and it is the policy of this School District that false information will be grounds for rejecting your application with no further consideration for the position; or, if such false information is discovered after hire, you will be subject to immediate termination for cause. Any false information may also be grounds for criminal prosecution.

DO NOT WRITE OR TYPE ON THIS PAGE

Interviewed by: _____ Date: _____

Remarks: _____

Date Hired	Department	Position	Will Report	Salary/Wages