Employment Application Classified Positions

Arickaree School District R-2 Washington County 12155 Co Rd NN Anton CO 80801 970-383-2202

An Equal Opportunity Employer

		Today's Date	Date Available
Applicant's Full Name	LAST NAME	FIRST NAME	MIDDLE NAME
Other Name(s)			
Please provide any information	relative to change of name, us	se of assumed name or nickname necess	
Social Security Number			
Present Mailing Address			
	Street	City	State Zip
Permanent Mailing Address			
*	Street	City	State Zip
Contact In Emergency			
E-Mail Address and Telephone Ni	umber:		
Present ()	Permanent ()	Cell ()	Work ()
Please indicate any languages vou	speak/write and your p	roficiency level.	
Marie Control of the			
POSITION DESIRED:			
Full-time () Part-tin	me () Ten	aporary () Substitute	e ()
If the job announcement is o	elerical/secretarial, p	lease indicate office skills.	Please check the level of your
experience with: Microsoft Word:	None	I imited	Providence
Microsoft Excel:	None	LimitedLimited	Experienced Experienced
Accounting Software:			Experienced
Types of other programs/sof	tware used:		BAportoneed
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Additional Knowledge and Skills:			
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WORK EXPERIENCE

Employer/Address	Daytime Phone #	Type of Work	Dates of Employment
		<u>*</u>	

REFERENCES

Please list references who are knowledgeable about your performance that are willing to give an appraisal of your qualifications for the position you seek.

Name of Reference/Occupation	Position/Relationship	Malling Address	Daytime Phone #
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EDUCATIONAL AND PROFESSIONAL TRAINING

Level of Education	Name of School or University	Dates	Major Concentration	Minor	Degree Type	Attendance Dates (M/Y)
High School						
College/University						
			,			

PLEASE READ CAREFULLY BEFORE SIGNING

AUTHORIZATION FOR BACKGROUND INFORMATION

I hereby authorize any person or entity whatsoever including, but not limited to, any employer, law enforcement agency, administrator, state agency, institution or private information bureau to furnish to Arickaree School District R-2, or any employee or agent on its behalf, any and all information or records it may have, and further to discuss with Arickaree School District R-2, or any employee or agent on its behalf, any subject which may bear upon my fitness for employment with Arickaree School District R-2. I specifically waive any rights or privileges I have to confidentiality of such information and release Arickaree School District R-2 and any person or entity providing information from all legal responsibility or liability that must result from this authorization.

This authorization shall continue in full force and effect until terminated by me in writing. Further, if I should become employed by Arickaree School District R-2, this authorization shall continue for the duration of such employment: A photographic copy of this authorization shall be valid as the original.

I further agree that neither Arickaree School District R-2 nor any other person or entity shall be held liable in any respect if an employment offer is not tendered to me by Arickaree School District R-2 or is subsequently withdrawn or terminated for any reason whatsoever. I further understand that failure to provide any of the information requested may prevent consideration of my application for employment.

Date	Signature of Applicant
<u>IMPORTANT</u>	
accompanying resume is true and complete from further consideration for employmen date. I agree to immediately notify Arick	low, I certify that the information provided in this employment application and and I understand that any false information or significant omissions may disqualify met and may be justification for my dismissal from employment, if discovered at a later aree School District R-2; if I should be convicted of a felony or any crime involving ne involving unlawful sexual behavior involving children while my job application is oyment.
	initials
	to investigate all of the statements contained in this application and accompanying District R-2 to contact my present employer, past employers, and listed references.
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-	is prohibited during employment. If school policy requires, I am willing to submit to sprior to being offered a position and/or during employment.
	initials

Arickaree School District R-2 is an equal opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, ancestry, marital status, or the presence of any physical or mental medical condition or disability.

This application, fully completed, will be given thorough consideration, but its receipt does not imply the applicant will be employed.

Mail application to:

Arickaree School District R-2 Superintendent 12155 Co Rd NN Anton CO 80801

APPLICATION CHECK LIST:

Completed application form – please review your application to see that all information is included. Incomplete applications will not be considered.

3 current letters of recommendation

Current resume enclosed