

BRECKENRIDGE R-1 SCHOOL DISTRICT
NON-CERTIFIED EMPLOYMENT APPLICATION

NAME _____

DATE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

POSITION DESIRED _____

COULD YOU COME FOR AN INTERVIEW? _____

WHEN COULD YOU BEGIN WORK? _____

IF ELECTED AND CONDITIONS PROVE SATISFACTORY, HAVE YOU ANY PLANS WHICH WOULD PREVENT YOUR WORKING HERE AT LEAST THREE YEARS? _____

SALARY YOU WOULD LIKE TO RECEIVE: _____

LOWEST SALARY YOU WOULD ACCEPT: _____

REFERENCES: THESE SHOULD BE PERSONS QUALIFIED TO ANSWER QUESTIONS CONCERNING YOUR FITNESS FOR THE POSITION YOU SEEK. INDICATE ANY WHO ARE RELATED TO YOU.

NAME

ADDRESS/PHONE NUMBER

TITLE

DO YOU HAVE ANY PHYSICAL AND/OR MENTAL CONDITIONS THAT WOULD AFFECT YOUR JOB PERFORMANCE? IF SO, EXPLAIN: _____

IN THE LAST TWELVE MONTHS, HOW MANY DAYS HAVE YOU LOST FROM WORK BECAUSE OF ILLNESS? _____

LIST ORGANIZATIONS TO WHICH YOU BELONG OTHER THAN THOSE WHOSE NAME WOULD DENOTE THE RACE, CREED, COLOR, OR NATIONALITY OF ITS MEMBERS: _____

LIST ACTIVITIES ENGAGED IN AND ANY HONORS RECEIVED BEFORE OR SINCE GRADUATION:

EDUCATION—COLLEGE AND HIGH SCHOOL

| NAME AND LOCATION | DATES | DEGREE/DIPLOMA |
|-------------------|-------|----------------|
|-------------------|-------|----------------|

WORK EXPERIENCE

| EMPLOYER/ADDRESS/PHONE | DATES | RESPONSIBILITIES | REASON FOR LEAVING |
|------------------------|-------|------------------|--------------------|
|------------------------|-------|------------------|--------------------|

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED IN THIS APPLICATION TO THE BEST OF MY KNOWLEDGE IS TRUE, ACCURATE, AND COMPLETE. ANY FALSIFICATION OF THIS RECORD WILL BE SUFFICIENT CAUSE FOR DISQUALIFICATION. FURTHERMORE, IT IS UNDERSTOOD THAT THIS APPLICATION BECOMES THE PROPERTY OF THE BRECKENRIDGE R-1 SCHOOL DISTRICT.

DATE

SIGNATURE

BRECKENRIDGE R-1 SCHOOL DISTRICT SHALL NOT DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, SEX, ECONOMIC STATUS, CREED OR NATIONAL HERITAGE.