



# LAMMERSVILLE ELEMENTARY SCHOOL DISTRICT

Lammersville Elementary  
Wicklund Elementary  
Bethany Elementary  
Dale Hansen  
Superintendent



*Established 1877 — Over 125 Years of Educational Success*

## APPLICATION FOR CLASSIFIED EMPLOYMENT

APPLICANT: PLEASE PRINT IN INK OR TYPE ALL INFORMATION REQUIRED, EVEN IF LISTED IN YOUR RESUME.  
(Applications are kept on file for six months. If elected for Employment, the application becomes part of your permanent personnel file.)

### POSITION FOR WHICH YOU ARE APPLYING

(A separate application must be completed for each position for which you are applying)

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### PERSONAL INFORMATION

First Name	Middle Name	Former Name	Last Name	
Mailing Address	City		State	Zip Code
Home Phone	Message Phone		Social Security Number	
Driver's License Number	State		Expiration Date	

### DO YOU HAVE THE RIGHT TO WORK IN THE UNITED STATES?

YES

NO

*(Verification of employment eligibility will be required upon employment.)*

### EDUCATION

HIGH SCHOOL				Highest Grade Completed			
College/University	Location (City/State)	Dates Attended	Degree(s) Earned	Major	Semester Units	Minor	Semester Units

## EXPERIENCE

Please start with the job you have now, or your most current job. If you are not working now, cover at least a five-year period. Please **DO NOT** refer to resume. Mark (X) in the following box if you do **NOT** want us to contact your present supervisor.

Company Name and Address:	<b>Dates of Employment</b> From: _____ To: _____ Monthly Salary: _____
Supervisor's Name:	Hours Worked:
Supervisor's Phone Number:	Your Job Title:
Description of Duties:	
Reason for Leaving:	

Company Name and Address:	<b>Dates of Employment</b> From: _____ To: _____ Monthly Salary: _____
Supervisor's Name:	Hours Worked:
Supervisor's Phone Number:	Your Job Title:
Description of Duties:	
Reason for Leaving:	

Company Name and Address:	<b>Dates of Employment</b> From: _____ To: _____ Monthly Salary: _____
Supervisor's Name:	Hours Worked:
Supervisor's Phone Number:	Your Job Title:
Description of Duties:	
Reason for Leaving:	

### PROFESSIONAL REFERENCES

Provide references, including previous supervisors. Please check the appropriate column if the reference has ever served as your immediate supervisor and/or a letter from that person is included with this application.

Letter Included	Immediate Supervisor	Name	Position	Address	(Area Code) + Phone Number
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

### PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS

	YES	NO
A. HAVE YOU EVER BEEN CONVICTED (either by plea, verdict, or finding of guilt) OR IS TRIAL NOW PENDING FOR AN ARREST FOR ANY OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? IF YES, PLEASE EXPLAIN ON AN ATTACHED SHEET. (Note: The existence of a criminal record does not automatically bar you from employment. Failure to admit is cause for disqualification or termination.)	<input type="checkbox"/>	<input type="checkbox"/>
B. HAVE YOU BEEN DISMISSED OR ASKED TO RESIGN FROM A JOB? If yes, give name of employer and explain situation. (Note: A YES answer does not automatically eliminate you from consideration for a position. Failure to admit is cause for disqualification or termination.)	<input type="checkbox"/>	<input type="checkbox"/>
C. IF EMPLOYED, WOULD YOU, AT DISTRICT EXPENSE, FILE A CERTIFICATE OF HEALTH FROM A PHYSICIAN?	<input type="checkbox"/>	<input type="checkbox"/>
D. DO YOU HAVE ANY PHYSICAL OR OTHER LIMITATIONS, WHICH MAY AFFECT JOB PERFORMANCE IN THE JOB FOR WHICH YOU ARE APPLYING? If yes, what can be done to accommodate your limitation?	<input type="checkbox"/>	<input type="checkbox"/>
E. ARE YOU RELATED TO ANY PRESENT EMPLOYEE OF THIS DISTRICT? If yes, give name, location and relationship.	<input type="checkbox"/>	<input type="checkbox"/>
F. HAVE YOU EVER BEEN EMPLOYED BY THIS DISTRICT? If yes, give location and dates employed.	<input type="checkbox"/>	<input type="checkbox"/>
G. ARE YOU A MEMBER OF THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>REFERENCE EXPLANATIONS TO QUESTIONS ABOVE BY LETTER A, B, C, ETC. ADDITIONAL SHEETS MAY BE ATTACHED IF NEEDED.</b>		
H. HOW WERE YOU INFORMED OF THIS POSITION?		

### SPECIAL SKILLS/TRAINING

What other training or education have you had which might help you on this job? (For example: Have you taken any special courses?)


<b>TYPE OF EMPLOYMENT</b>					
<b>WILL YOU ACCEPT:</b>	<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>
Full Time Work			Day Work		
Part Time Work			Evening Work		
Temporary/Substitute Work					

**CERTIFICATION OF APPLICATION**

Please read the following statements carefully before signing:

I, hereby declare that the statements in this application are true and complete to the best of my knowledge, and I authorize investigation of all statements contained herein. I hereby release from all liability any persons or organizations furnishing such information. I agree to submit to physical examination and to conform to District regulations concerning tuberculosis examination, and drug and alcohol testing. I understand that I will be subject to disqualification or dismissal if any statement in this application is found to be untrue. I understand I will be required by law to be fingerprinted and to sign a loyalty oath or affirmation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_