



**Application for Employment
Princeton R-V School District
1008 E. Coleman
Princeton, Missouri 64673**



AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(Please Print Plainly)

PERSONAL

Date _____

1. _____
 First Name Middle Name Last Name Maiden Name

2. Present Address: _____
 Street City State Zip Telephone No.

3. Are you legally eligible for employment in the U.S.A.? Yes ___ No ___

4. Are you of the legal age to work? _____ 5. Position applied for _____

6. Were you previously employed by us? ___ If yes, when? _____

7. What date would you be available for work? _____

8. Are there any other experiences, skills, or qualifications which will be of special benefit for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.) _____

9. Have you ever been convicted of any offense involving drugs, violent crimes, stealing, sexual molestation, physical or sexual abuse or rape? ___ Yes ___ No If yes, please explain _____

Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma Or Degree
Elem.			5 6 7 8	___Yes ___No	
High School			1 2 3 4	___Yes ___No	
College			1 2 3 4	___Yes ___No	
Other			1 2 3 4	___Yes ___No	

LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

Name and Address Of Company	From		To		Beginning Pay Rate	Ending Pay Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address Of Company	From		To		Beginning Pay Rate	Ending Pay Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address Of Company	From		To		Beginning Pay Rate	Ending Pay Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address Of Company	From		To		Beginning Pay Rate	Ending Pay Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience.

*Signed _____

If there is a particular employer(s), you do not wish us to contact, please indicate which one.

PERSONAL REFERENCES (Not former Employers or Relatives)

Name and Occupation	Address	Phone Number

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

Signature of Applicant