

Application For Employment



Knox Community School Corporation
#2 Redskin Trail Knox, Indiana 46534
574-772-1600, FAX: 574-772-1608

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

BACKGROUND INFORMATION: (PLEASE TYPE)

Position(s) Applied For: _____	Date of Application _____
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other _____

Last Name _____	First Name _____	Middle Name _____
Address _____		
<small>Number</small>	<small>Street</small>	<small>City</small>
<small>State</small>	<small>Zip Code</small>	
Telephone Number(s) _____	Social Security Number _____	

If you are under 18 years of age can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, give date _____	
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, give date _____	
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Proof of citizenship or immigration status will be required upon employment.</i>		
On what date would you be available for work?	_____	
Are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
	<input type="checkbox"/> Shift Work	<input type="checkbox"/> Temporary
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Conviction will not necessarily disqualify an applicant from employment</i>		
If Yes, please explain _____	_____	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION:

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

FOREIGN LANGUAGES: Indicate any foreign languages you can speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

TRAINING: Describe any specialized training, apprenticeship, skills and extra-curricular activities.

MILITARY: Describe any job-related training received in the United States military.

OTHER QUALIFICATIONS: Summarize special job-related skills & qualifications acquired from employment or other experience.

SPECIALIZED SKILLS: Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WordPerfect	_____	_____

ADDITIONAL INFORMATION: State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. YES NO

REFERENCES:

1.	()	(Phone #)
	(Name)	
	(Address)	
2.	()	(Phone #)
	(Name)	
	(Address)	
3.	()	(Phone #)
	(Name)	
	(Address)	

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed	
		From	To		
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting		Final
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer	Dates Employed		Work Performed	
		From	To		
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting		Final
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer	Dates Employed		Work Performed	
		From	To		
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting		Final
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer	Dates Employed		Work Performed	
		From	To		
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting		Final
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

ACTIVITIES: List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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APPLICANT'S STATEMENT

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for 3 years. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant _____

Date _____/_____/_____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____ Interviewer _____ Date _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____ Name and Title _____ Date _____

NOTES _____

