

SCHUYLER COMMUNITY SCHOOLS APPLICATION FOR EMPLOYMENT

Schuyler Community Schools (herein after referred to as SCS) is an equal opportunity Employer.

I certify that the information contained in this application is complete and true to the best of my knowledge. I hereby authorize SCS to investigate my employment, education, personal history, criminal history, credit history, and motor vehicle operation history as applicable and release said agency from any and all liability resulting from such an investigation. I understand that employment is contingent upon successful completion of a pre-employment screening process. In accordance with the Drug-Free Workplace Act of 1988, it is the policy of SCS to provide a safe environment for students, staff and visitors. The illegal manufacture, possession, distribution or use of controlled substances by employees in the workplace is prohibited. SCS does not discriminate on the bases of race, national origin, creed, marital status, gender, age, disability or veteran status.

I understand and agree that neither this form, nor any other written policy or procedure of SCS will constitute a contract of employment between SCS and myself for either a definite or an indefinite period of time. I further understand that if employed, my employment is at-will and I may resign at any time and that SCS may terminate or modify the terms and conditions of my employment at any time.

Signature of Applicant: _____

Full Legal Name (last)	First	Middle
Address	City	State Zip
Phone	Do you have an Answering Machine? May we leave a message?	Other Phone

Position Applying For: _____ Date you can start? _____

Have you ever been convicted of a Felony Yes No If yes, When? _____

Do you have any preference regarding work location: Yes No If yes, Where? _____

EDUCATIONAL AND TRAINING RECORD			
Type of Institution	Name and Location	Certificate/Degree Received	Date Attended
High School			
College/University			
College/University			
Professional School			
Technical School			

PERSONAL REFERENCES

Name	Occupation/Relationship
Address	State Zip
Home Phone	Other Phone
Name	Occupation/Relationship
Address	State Zip
Home Phone	Other Phone

Do you have any relatives working for SCS? If so who: _____

EMPLOYMENT RECORD

List your present or most recent employer first. Account for all time, including periods of unemployment. Resumes may be attached, but we also request that the following information be completed.

Are you employed at the present time? yes no

If yes, may we contact your present employer? yes no

Employer		Address	
City		State	Zip
Job Title	Employed:	Salary	
	From	To	
Primary Duty/Responsibilities			
Reason for Leaving			
Supervisor		Other name(s) under which you may have been employed?	

Employer		Address	
City		State	Zip
Job Title	Employed:	Salary	
	From	To	
Primary Duty/Responsibilities			
Reason for Leaving			
Supervisor		Other name(s) under which you may have been employed?	

Employer		Address	
City		State	Zip
Job Title	Employed:	Salary	
	From	To	
Primary Duty/Responsibilities			
Reason for Leaving			
Supervisor		Other name(s) under which you may have been employed?	

Employer		Address	
City		State	Zip
Job Title	Employed:	Salary	
	From	To	
Primary Duty/Responsibilities			
Reason for Leaving			
Supervisor		Other name(s) under which you may have been employed?	

Please state any additional qualifications and/or work experience which would qualify you for employment.