

# ARNOLD PUBLIC SCHOOLS

## APPLICATION FOR EMPLOYMENT

### Personal Information

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you a legal US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you even been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you possess a valid Nebraska Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date available for work: \_\_\_\_\_

### Work Information

Position for which you are applying: \_\_\_\_\_

Skills that you possess that qualify you for this position \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This position requires occasional lifting of objects weighing over 50 pounds. Do you have any limitations that prevent you from lifting objects in excess of 50 pounds? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The hours for this position are primarily in the morning and early afternoon. Do you have any other responsibilities that would prohibit you from deviating from the normal work schedule? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment References

Most Recent Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (Hour, Week, Month)

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Second Most Recent Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (Hour, Week, Month)

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

## References

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Years Known/Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Years Known/Relationship: \_\_\_\_\_

## Applicant Permission Statements

1. Are you willing to have a physical examination (at our expense)? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you willing to submit to a drug test (at our expense)? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you give permission for Arnold Public School to check any and all references and not hold any individual liable for providing information? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Application Verification

All of the information listed on this application is true and correct to the best of my knowledge. I understand fully that any false or misleading statements may be cause for rejection of my application and/or, if employed, may be just cause for subsequent dismissal.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**