



Garretson School District 49-4

Phone (605) 594-3451 • 505 2nd St.
P.O. Box C • Garretson, South Dakota 57030

The GARRETSON SCHOOL DISTRICT shall not discriminate in hiring personnel or in the amount of compensation because of race, creed, color, religion, nationality, sex, handicapping condition, or age.

APPLICATION FOR EMPLOYMENT

POSITION FOR WHICH APPLICATION IS MADE (CHECK ONE ONLY)

- Administrative
- Secretarial/Clerical
- Educational Assistant
- Custodial
- Maintenance
- Support _____
- Substitute Teaching
- Transportation
- Food Service
- Other _____

OFFICE USE ONLY

Processed _____
 Interviewed _____
 Ref. Check _____
 Employ. Ver. _____

I. PERSONAL DATA

NAME _____ SS # _____
(Last) (First) (M. I.)

PRESENT ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE # _____ IN CASE OF AN EMERGENCY CONTACT: (Name) _____
(Telephone) _____

DO YOU HAVE RELATIVES EMPLOYED BY THE DISTRICT? YES NO IF "YES", WHICH DEPARTMENT: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES?
 YES NO IF "YES", DESCRIBE IN FULL: _____

PLEASE DESCRIBE ANY SKILLS, AWARDS, ACCOMPLISHMENTS, PROFESSIONAL OR TRADE AFFILIATIONS, ETC., WHICH YOU BELIEVE ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY JOB? YES NO IF "YES", GIVE DETAILS CONCERNING: _____

II. EDUCATIONAL BACKGROUND

High School _____ Address _____ Diploma Rec'd _____ Date _____

From: _____ To: _____

College/University _____ Address _____ Degree Rec'd _____ Date _____

From: _____ To: _____

College/University _____ Address _____ Degree Rec'd _____ Date _____

From: _____ To: _____

Other _____ Address _____ Degree Rec'd _____ Date _____

From: _____ To: _____

Other _____ Address _____ Degree Rec'd _____ Date _____

From: _____ To: _____

III. WORK EXPERIENCE LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST. (CERTIFICATED APPLICANTS, LIST EXPERIENCE FROM ACCREDITED SCHOOLS ONLY) SUBSTITUTE TEACHING AND NURSERY SCHOOL EXPERIENCE ARE NOT ACCEPTED FOR THE PURPOSE OF SALARY PLACEMENT.

Employer	Employer's Mailing Address, City, State, Zip	Starting Date	Ending Date
Position or Title	Primary Responsibility	Starting Wage	Ending Wage
Supervisor's Name	Reason For Leaving		
Employer	Employer's Mailing Address, City, State, Zip	Starting Date	Ending Date
Position or Title	Primary Responsibility	Starting Wage	Ending Wage
Supervisor's Name	Reason For Leaving		
Employer	Employer's Mailing Address, City, State, Zip	Starting Date	Ending Date
Position or Title	Primary Responsibility	Starting Wage	Ending Wage
Supervisor's Name	Reason For Leaving		
Employer	Employer's Mailing Address, City, State, Zip	Starting Date	Ending Date
Position or Title	Primary Responsibility	Starting Wage	Ending Wage
Supervisor's Name	Reason For Leaving		

If more room is needed, please use a separate sheet of paper.

IV. PERSONAL REFERENCES (PLEASE LIST THREE PERSONS, NOT RELATED, WHO WOULD HAVE KNOWLEDGE OF YOUR QUALIFICATIONS.)

NAME AND OCCUPATION	ADDRESS	TELEPHONE NUMBER
1. _____		
2. _____		
3. _____		

Please complete the following questions in your handwriting.

I. Why did you apply for this position with the Garretson School District?

II. What are your qualifications for this position?

III. Please add any information about yourself you feel would be of benefit to your application.

I acknowledge that inquiries may be made to obtain job-related information from my previous and present employers, whether or not they are listed on the attached application, and that similar inquiries may be directed to the persons listed as personal references as well as to any other individual who knows me. I further acknowledge that Garretson School District may, at its discretion, make inquiries of law enforcement agencies, the department of motor vehicles, credit bureaus, and educational institutions as well as initiate investigations by private persons for the purpose of verifying information supplied by me or to obtain additional information. I authorize such inquiry and investigation and the giving and receiving of any information requested by the school district as part of such inquiry and investigation. I also release Garretson School District and its trustees, employees and agents from liability for any claims arising from such inquiry and investigation.

I affirm that all information provided by me on this application is true, and I understand that if any part of the information is false or misrepresented (including omission of information called for), my application may not be considered, or if I am hired by the Garretson School District, will be sufficient grounds for discharge.

A photocopy of this release shall be as effective as the original.

Signature of Applicant

Date

GARRETSON SCHOOL DISTRICT 49-4
505 2nd St.
P.O. Box C
Garretson, South Dakota 57030-0381

EFFECTIVE TEACHING / SUCCESSFUL LEARNING