

Kake City School District
P.O. Box 450
Kake, AK 99830

**CLASSIFIED
EMPLOYMENT APPLICATION**

PLEASE TYPE OR USE PEN

POSITION BEING APPLIED FOR: _____ SALARY EXPECTED: _____
SOCIAL SECURITY NUMBER: _____
NAME: _____ TELEPHONE: (HOME) _____
LAST FIRST MIDDLE (WORK) _____
ADDRESS: _____ DATE OF BIRTH: _____
CITY STATE ZIP CODE

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR IN THE PAST FIVE YEARS
OR A FELONY IN THE PAST TEN YEARS? YES _____ NO _____

IF "YES" PLEASE EXPLAIN _____

DO YOU HAVE ANY PHYSICAL OR EMOTIONAL IMPAIRMENTS, DISEASES, OR AILMENTS WHICH WILL
AFFECT JOB PERFORMANCE? YES _____ NO _____

IF "YES" PLEASE EXPLAIN _____

DO YOU HAVE A VALID ALASKA DRIVER'S LICENSE? YES _____ NO _____ LICENSE # _____

EDUCATION AND EXPERIENCE

CIRCLE THE HIGHEST YEAR OF SCHOOL COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12
DATE LAST ATTENDED _____

HIGH SCHOOL GRADUATE? YES _____ NO _____
HIGH SCHOOL EQUIVALENCY (GED)? YES _____ NO _____

IF "YES", # AND DATE OF CERTIFICATE _____

LIST ANY HIGH SCHOOL COURSES THAT RELATE TO THE POSITION YOU ARE APPLYING FOR:

EDUCATION OR TRAINING AFTER HIGH SCHOOL:

NAME AND LOCATION	DATES ATTENDED	NO. OF QUARTER HOURS	NO. OF SEMESTER HOURS	OTHER	GRADUATED?	DEGREE AND YEAR	MAJOR SUBJECTS

LIST TYPES OF ELECTRONIC OR MECHANICAL EQUIPMENT OR MACHINES THAT YOU ARE QUALIFIED TO
OPERATE OR REPAIR: _____

(LIST BELOW ALL JOBS WITHIN PAST FIVE YEARS. STARTING WITH THE MOST RECENT)

EMPLOYING FIRM	FROM
FIRM ADDRESS	TO:
JOB TITLE	DUTIES:
	HOURS PER WEEK
	STARTING SALARY
	FINAL SALARY
	NO. OF EMPLOYEES SUPERVISED
	NAME OF SUPERVISOR
REASON FOR LEAVING?	MAY WE CONTACT YOUR PRESENT EMPLOYER?

EMPLOYING FIRM	FROM
FIRM ADDRESS	TO:
JOB TITLE	DUTIES:
	HOURS PER WEEK
	STARTING SALARY
	FINAL SALARY
	NO. OF EMPLOYEES SUPERVISED
	NAME OF SUPERVISOR
REASON FOR LEAVING?	MAY WE CONTACT YOUR PRESENT EMPLOYER?

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	NAME OF SUPERVISOR
REASON FOR LEAVING?	MAY WE CONTACT YOUR PRESENT EMPLOYER?

CERTIFICATE OF APPLICANT

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and belief that I have not knowingly withheld any fact of circumstance. I understand that any misrepresentation, concealment of material fact will be sufficient ground for rejection of application or removal from employment. I authorize my present and previous employers to release to the Kake City School District any information they may have regarding my character or my employment record and release said employers from any damage or claim for furnishing said information. I hereby agree to submit to as such physical and/or mental examination as maybe required.

_____ DATE

_____ SIGNATURE