

BOONE CENTRAL SCHOOLS EMPLOYMENT APPLICATION

PO BOX 391, ALBION, NE 68620 BOONE CENTRAL SCHOOLS IS AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available	Social Security No.		Desired Salary	
Position Applied for				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION

High School		Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____

REFERENCE PERMISSION

I, _____, hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to Boone Central Schools. This permission is valid for six months from the date of signature.

Signature _____ **Date** _____

Boone Central Schools does not discriminate on the basis of race, color, national origin, sex, disability, marital status, or age in admission or access to, or treatment of employment, in its programs or activities. It is the intent of the Boone Central Schools to comply with both the letter and the spirit of the law in making certain discrimination does not exist in its policies, regulations, and operations. Grievance procedures have been established for anyone who feels discrimination has been shown by Boone Central Schools. Inquiries regarding grievance procedures or the application of these policies of nondiscrimination can be obtained by contacting the Superintendent of Schools, 605 South 6th Street, PO Box 391, Albion, NE 68620; phone 402-395-2134. The Superintendent is the designated coordinator for Title IX, Title VI, and Section 504.