

LAWTON COMMUNITY SCHOOLS
APPLICATION FOR EMPLOYMENT

Full Name:		Date:
Address:		
Phone (land line):	Phone (cell):	
Email:		
Have you passed your 18 th birthday?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Social Security No.:	State any other names you have used:	
Have you collected compensation for an injury?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, when, from whom & why?		
Are you available for over-time work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you presently under arrest for pending felony charge?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SKILLS

Typing w.p.m.:	
Accounting/Bookkeeping:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Computer literate:	YES <input type="checkbox"/> NO <input type="checkbox"/>
List software you are proficient using:	

EDUCATION

<i>High School/College Name & Address</i>	<i>Years Attended</i>	<i>Did you graduate?</i>		<i>Diploma</i>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

PREVIOUS EMPLOYMENT

Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
Dates of employment	From:	To:
Reason for leaving:		
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
Dates of employment	From:	To:
Reason for leaving:		
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
Dates of employment	From:	To:
Reason for leaving:		
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

REFERENCES

Please list three professional References:

<i>Name</i>	<i>Relationship</i>	<i>Address</i>	<i>Phone</i>

MILITARY SERVICE

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

DISCLAIMER AND SIGNATURE

It is the policy of this District that no candidate for a position in this District shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age, gender, marital status, non-disqualifying disability or any other protected categories.

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:
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