

GUTHRIE COMMON SCHOOL DISTRICT
#1 Morrison Street
P.O. Box 70 – Guthrie, Texas 79236

EMPLOYMENT APPLICATION FOR AUXILIARY PERSONNEL

We consider applications for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of medical condition, disability, or any other legally protected status.

An Equal Opportunity Employer

Position(s) Applied For: _____

Date of Application: _____ Social Security Number: _____

Name _____
(Last) (First) (Middle Initial)

Current Address _____
(Street/Box) (City) (State) (Zip Code)

Telephone Number: _____

Name used on records if different from present name: _____
(to be used for reference check)

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time

Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify and applicant from employment)

If yes, please explain

EDUCATION

	Name and Address of School	Course of Study	Years	Diploma/Degree
High School				
College				
Other, (specify)				

Please list work experience beginning with most recent years

Business Name	Assignment	Dates Employed	Reason for Leaving

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Specialized Skills: Check skills/equipment operated:

- | | | |
|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> PC | <input type="checkbox"/> MS Word | Production/Mobil Machinery (list): |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> MS Excel | _____ |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Other comp: | _____ |
| <input type="checkbox"/> Fax | software: | _____ |

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

References:

1. _____
(Name) (Telephone Number)
 2. _____
(Name) (Telephone Number)
 3. _____
(Name) (Telephone Number)
-

Applicants Statement:

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an AT WILL nature, which means that the EMPLOYEE may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this AT WILL employment relationship may be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

YOU MAY BE ASKED TO TAKE A PHYSICAL, WHICH WILL BE PAID FOR BY GUTHRIE CSD. PLEASE INDICATE BELOW, YOUR APPROVAL OR DISAPPROVAL OF HAVING A PHYSICAL EXAMINATION.

Yes, I am prepared to take a physical

No, I do not wish to take a physical

GUTHRIE COMMON SCHOOL DISTRICT
P.O. BOX 70
GUTHRIE, TEXAS 79236

(806) 596-4466

CONFIDENTIAL

Texas Education Code Section {} 21.917 requires the district to obtain criminal history record information on all applicants for employment with the district. The information requested below is necessary to obtain Criminal history record information.

Full Name: _____
 Last First Middle Maiden

Social Security Number _____ - _____ - _____

Date of Birth: _____

Have you ever been convicted of, or have you pleaded guilty or no contest to, a felony offense involving moral turpitude?

_____ Yes _____ No

If yes, please explain. (answering yes will not automatically bar you from employment. However, we would appreciate an explanation)

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used solely for the purpose of obtaining criminal history information.

Signature

PLEASE DO NOT REMOVE THIS FROM YOUR APPLICATION
(This form will be removed from the application in the personnel office)