

**Employment Application
Classified Positions**

**Arickaree School District R-2
Washington County
12155 Co Rd NN
Anton CO 80801
970-383-2202**

An Equal Opportunity Employer

Today's Date _____ Date Available _____

Applicant's Full Name _____
LAST NAME FIRST NAME MIDDLE NAME

Other Name(s) _____
Please provide any information relative to change of name, use of assumed name or nickname necessnabe a check on your work record.

Social Security Number _____

Present Mailing Address _____
Street City State Zip

Permanent Mailing Address _____
Street City State Zip

Contact In Emergency _____

E-Mail Address: _____

Telephone Numbers:
Present () Permanent () Cell () Work ()

Please indicate any languages you speak/write and your proficiency level. _____

POSITION DESIRED:

Full-time () Part-time () Temporary () Substitute ()

If the job announcement is clerical/secretarial, please indicate office skills. Please check the level of your experience with:

Microsoft Word:	_____ None	_____ Limited	_____ Experienced
Microsoft Excel:	_____ None	_____ Limited	_____ Experienced
Accounting Software:	_____ None	_____ Limited	_____ Experienced

Types of other programs/software used: _____

Additional Knowledge and Skills: _____

PLEASE READ CAREFULLY BEFORE SIGNING

AUTHORIZATION FOR BACKGROUND INFORMATION

I hereby authorize any person or entity whatsoever including, but not limited to, any employer, law enforcement agency, administrator, state agency, institution or private information bureau to furnish to Arickaree School District R-2, or any employee or agent on its behalf, any and all information or records it may have, and further to discuss with Arickaree School District R-2, or any employee or agent on its behalf, any subject which may bear upon my fitness for employment with Arickaree School District R-2. I specifically waive any rights or privileges I have to confidentiality of such information and release Arickaree School District R-2 and any person or entity providing information from all legal responsibility or liability that must result from this authorization.

This authorization shall continue in full force and effect until terminated by me in writing. Further, if I should become employed by Arickaree School District R-2, this authorization shall continue for the duration of such employment: A photographic copy of this authorization shall be valid as the original.

I further agree that neither Arickaree School District R-2 nor any other person or entity shall be held liable in any respect if an employment offer is not tendered to me by Arickaree School District R-2 or is subsequently withdrawn or terminated for any reason whatsoever. I further understand that failure to provide any of the information requested may prevent consideration of my application for employment.

I certify that the information given by me on this application and any supplement is true and correct to the best of my knowledge. I understand that false statements on this application may result in termination of employment.

Date

Signature of Applicant

IMPORTANT

By my signature and initials placed below, I certify that the information provided in this employment application and accompanying resume is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify Arickaree School District R-2; if I should be convicted of a felony or any crime involving dishonesty or a breach of trust or any crime involving unlawful sexual behavior involving children while my job application is pending, if hired, during my period of employment.

initials

I authorize Arickaree School District R-2 to investigate all of the statements contained in this application and accompanying resume. I also authorize Arickaree School District R-2 to contact my present employer, past employers, and listed references.

initials

I authorize any person, school, current employer, past employer, and organizations named in this application form and accompanying resume to provide relevant information and opinions that may be useful in making a hiring decision, and release such persons and organizations from any legal liability in making such statements.

initials

I also understand the use of illegal drugs is prohibited during employment. If school policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to being offered a position and/or during employment.

initials

Date _____

Signed _____

Arickaree School District R-2 is an equal opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, ancestry, marital status, or the presence of any physical or mental medical condition or disability.

This application, fully completed, will be given thorough consideration, but its receipt does not imply the applicant will be employed.

Mail application to:

Arickaree School District R-2
Superintendent
12155 Co Rd NN
Anton CO 80801

APPLICATION CHECK LIST:

Completed application form – please review your application to see that all information is included.
Incomplete applications will not be considered.

3 current letters of recommendation

Current resume enclosed