

Agar-Blunt-Onida School District

PO Box 205

Onida, SD 57564

Blunt-605962-6297; Onida-605-258-2617

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Name _____
Last First Middle

Mailing Address _____
Street/Box City/State Zip

Social Security Number _____

Phone Number _____

Education and Training

Do you possess a high school diploma or GED? ____ Yes ____ No

How much education have you completed? _____

List formal education beginning with the most recent. Include high school, college, vocational or business school, apprenticeship, military training, etc.

A. Name of school _____
Address of school _____
Attended from (mo/yr) _____ to _____ total credit hours _____
Check one: _____ semester hours _____ quarter hours _____ Other
Major(s) or course _____ Minor(s) _____
Did you graduate? _____ Type of degree _____

B. Name of school _____
Address of school _____
Attended from (mo/yr) _____ to _____ total credit hours _____
Check one: _____ semester hours _____ quarter hours _____ Other
Major(s) or course _____ Minor(s) _____
Did you graduate? _____ Type of degree _____

List name, address, and phone number of three references:

1. _____
2. _____
3. _____

May we contact your previous employers regarding your qualifications? _____

Work History

A. Current or most recent position:

Dates of employment: From (mo/yr) _____ to _____ Total Years _____ Months _____
Job Title _____ Starting salary _____ Last salary _____
Employer _____ Type of Business _____
Employer's address _____ Phone _____
Supervisor's name and title _____
Number of employees you supervised _____ Average hours worked per week _____
Reason(s) for leaving _____
Complete description of duties _____

B. Current or most recent position:

Dates of employment: From (mo/yr) _____ to _____ Total Years _____ Months _____
Job Title _____ Starting salary _____ Last salary _____
Employer _____ Type of Business _____
Employer's address _____ Phone _____
Supervisor's name and title _____
Number of employees you supervised _____ Average hours worked per week _____
Reason(s) for leaving _____
Complete description of duties _____

C. Current or most recent position:

Dates of employment: From (mo/yr) _____ to _____ Total Years _____ Months _____
Job Title _____ Starting salary _____ Last salary _____
Employer _____ Type of Business _____
Employer's address _____ Phone _____
Supervisor's name and title _____
Number of employees you supervised _____ Average hours worked per week _____
Reason(s) for leaving _____
Complete description of duties _____

SDCL(13-10-12)=Criminal background of all prospective employees; employment pending satisfactory results.