

**APPLICATION FOR EMPLOYMENT**

**Holcomb R-III School District**  
OFFICE OF SUPERINTENDENT  
P.O. Box 190  
Holcomb, MO 63852

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOC. SEC # \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE# \_\_\_\_\_  
Home Cell

IF RELATED TO ANYONE EMPLOYED BY THE DISTRICT PLEASE GIVE THEIR NAME AND DEPT

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT DESIRED: AIDE POSITIONS REQUIRE 60 COLLEGE CREDIT HOURS**

TEACHER AIDE \_\_\_\_\_ SECRETARY \_\_\_\_\_  
BUS DRIVER \_\_\_\_\_ JANITOR \_\_\_\_\_  
CAFETERIA \_\_\_\_\_ OTHER \_\_\_\_\_  
DATE AVAILABLE FOR WORK \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

\_\_\_\_\_

**EDUCATION** YEARS ATTENDED DATE GRAD. SUBJECTS STUDIED

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**FORMER EMPLOYERS : (List below last four employers, last one first)**

<u>DATE</u>	<u>NAME AND ADDRESS OF EMPLOYER</u>	<u>SALARY</u>	<u>POSITION</u>	<u>REASON FOR LEAVING</u>
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From:

To:

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From:

To:

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From:

To:

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From:

To:

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**REFERENCES** (Give below the names of three person whom you have known at least one year)

<u>NAME</u>	<u>ADDRESS</u>	<u>BUSINESS</u>	<u>YEARS ACQUAINTED</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Relationship</u>
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The Holcomb R-III School is an equal opportunity employer. It is the policy of this district to afford equal employment opportunities to qualified individuals regardless of their race, color, national origin, ancestry, religion, socioeconomic status, marital status, sex, age, disability, or memberships in legally constituted organizations, to recruitment, selection, placement, training, assignment, promotion, transfer, compensation, benefits and termination.

**READ CAREFULLY BEFORE SIGNING**

I acknowledge and agree to the following provisions as conditions to consideration of my application for employment:

1. I hereby authorize my current and former employers and references to furnish any information about me and about my work experience. I release my current and former employers and references from any and all liabilities or damages of any nature as a result of providing such information. My current and former employers and references may rely on a signed copy of this release.
2. I understand and consent to having criminal and arrest records checks as well as background checks by the Missouri Division of Family Services as a condition for consideration of my application for employment.
3. I certify that the answers given in this application are true and complete to the very best of my knowledge. In the event I am employed by the District and in the further event that I have provided false or misleading information in this application or in subsequent employment interviews, I understand that my employment may be terminated at any time after discovery of the false or misleading information.
4. I understand that this application will be considered active through April 30<sup>th</sup>. I understand that if I wish my candidacy to remain open after that date I must submit another application.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
TODAY'S DATE