



**EDMONDS SCHOOL DISTRICT NO. 15
CLASSIFIED & ADMIN APPLICATION FOR EMPLOYMENT**

**HUMAN RESOURCES DIVISION
20420 68th Avenue West
LYNNWOOD, WA 98036-7400
Fax 425-431-7034**

POSITION

Position for which you are applying _____
 _____ Job Posting # _____
 When will you be available? _____

GENERAL INFORMATION

Name _____ (Last) _____ (First) _____ (Middle Initial) Home Telephone () _____
 Address _____ (Number and Street) _____ (City) _____ (State) _____ (Zip) Work/Other Telephone () _____
 Social Security Number _____

WORK EXPERIENCE - Include Military and applicable volunteer experience. (List most recent first.)

Employer _____	Summary of job duties
Address _____ (Number and Street) _____ (City) _____ (State) _____ (Zip)	
Position _____	
From (Mo/Yr) _____ To (Mo/Yr) _____ Hrs. Per Week _____	
Supervisor _____	
Phone Number () _____	
May we contact this employer now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer _____	
Address _____ (Number and Street) _____ (City) _____ (State) _____ (Zip)	
Position _____	
From (Mo/Yr) _____ To (Mo/Yr) _____ Hrs. Per Week _____	
Supervisor _____	
Phone Number () _____	
May we contact this employer now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer _____	
Address _____ (Number and Street) _____ (City) _____ (State) _____ (Zip)	
Position _____	
From (Mo/Yr) _____ To (Mo/Yr) _____ Hrs. Per Week _____	
Supervisor _____	
Phone Number () _____	
May we contact this employer now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer _____	
Address _____ (Number and Street) _____ (City) _____ (State) _____ (Zip)	
Position _____	
From (Mo/Yr) _____ To (Mo/Yr) _____ Hrs. Per Week _____	
Supervisor _____	
Phone Number () _____	
May we contact this employer now? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE COMPLETE THE REVERSE

WORK EXPERIENCE - (continued)

Employer _____	
Address _____ <small>(Number and Street) (City) (State) (Zip)</small>	
Position _____	
From (Mo/Yr) _____ To (Mo/Yr) _____ Hrs. Per Week _____	
Supervisor _____	
Phone Number () _____	
May we contact this employer now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer _____	
Address _____ <small>(Number and Street) (City) (State) (Zip)</small>	
Position _____	
From (Mo/Yr) _____ To (Mo/Yr) _____ Hrs. Per Week _____	
Supervisor _____	
Phone Number () _____	
May we contact this employer now? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATIONAL TRAINING

School/Institution	City and State	Dates		Credits Earned (Indicate semester or quarter hours.)	Subject and/or Type of Degree
		From	To		

ADDITIONAL WORK REFERENCES

Name	Telephone	Relationship to Applicant

OTHER INFORMATION

Are you a citizen or do you have a visa which permits you to work in the United States? Yes No

Have you previously been employed with the Edmonds School District? Yes No

If yes, under what name? _____

Have you ever been dismissed or discharged from a job, or have you separated employment in order to avoid discipline or discharge? Yes No

If yes, please explain. _____

Have you ever been released from prison or been convicted of any crime? Yes No

If yes, explain the nature of the crime, the place, and date. A conviction record will not necessarily bar you from employment.

SIGNATURE

I authorize the District to make any investigation of any personal, educational, vocational, or employment history. I further authorize any former employer, person, firm, corporation, educational, or vocational institution or government agency to provide the District with information they have regarding me. I hereby release and discharge the District and those who provide information from any and all liability as a result of furnishing and receiving this information.

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

Signature _____ Date _____