

# Pine Point Public School District #25 Employment Application

## Personal Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

Are you over 18 years old?  Yes  No

Have you been employed here before?  Yes  No

May we contact your present employer?  Yes  No  Not applicable

**Educational Information** *Please indicate education or training which you believe qualifies you for the position you are seeking.*

### High School

Received:  Diploma  G.E.D. Year Graduated: \_\_\_\_\_

### College and/or Vocational School

Degree/Certificate:  Associates  Bachelors  Masters  Doctorate

Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

School: \_\_\_\_\_ City/State: \_\_\_\_\_

### Other Training and/or Degrees relevant to this position:

Degree or Certification earned: \_\_\_\_\_ Course: \_\_\_\_\_

**Employment Information** *List your last employer first, include military service and volunteer activities  
.Attach additional sheets if necessary.*

**1** Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**2** Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**3** Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Knowledge, Skills and Abilities:** *Indicate any additional knowledge, skills or abilities that you have that may help you in this position.*

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**Reference Information** *Please give three individuals who you know professionally and/or personally, and who are not related to you.*

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Professional  Personal Reference Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Professional  Personal Reference Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Professional  Personal Reference Relationship: \_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date