



Buckley Community Schools Employment Application

To help us learn about your experience, abilities and interests, please complete this Employment Application as thoroughly as possible.

PERSONAL INFORMATION

Last Name	First Name	Middle Name		
Street Address		City	State	Zip
Home Phone	Cell Phone	Work Phone		Email
Previous Address				
List Other Names You Have Used				
Social Security Number	Driver's License Number (If applying for positions that require a valid drivers license)			

Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you are offered employment, can you submit verification of your right to legally work in the U.S.A.? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has this company ever employed you? <input type="checkbox"/> NO <input type="checkbox"/> YES (Give date and location)
Have you ever entered into any employment or other confidentiality agreement that could limit the scope of your employment at this company? <input type="checkbox"/> NO <input type="checkbox"/> YES (Please explain)		
Do you have any relative(s) employed by this company, or another division of this company? (Having a relative employed by the company is not an automatic bar from employment. However the company reserves the right to refuse to assign relatives to positions that will create issues of safety, security, morale or conflicts of interest). <input type="checkbox"/> NO <input type="checkbox"/> YES (Please provide name and location)		
Have you ever been convicted of a felony? (A conviction is not an automatic bar to employment. It will be considered as it relates to the position applied for.) <input type="checkbox"/> NO <input type="checkbox"/> YES (Please provide nature of conviction)		
Are you able to satisfactorily perform the essential functions of the job for which you are applying, with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please explain)		
Name, Address, and Phone Number of Emergency Contact:		

POSITION

Position or requisition number	Date available	Minimum salary desired
Type of Employment (Check all that apply)		
<input type="checkbox"/> Full-time	<input type="checkbox"/> Day Shift	<input type="checkbox"/> Grave Yard Shift
<input type="checkbox"/> Part-time	<input type="checkbox"/> Swing Shift	<input type="checkbox"/> Temporary

EMPLOYMENT HISTORY

List all former employers and account for periods of unemployment exceeding three months beginning with the present or most recent employment and working back to your first employment. Add any other pertinent information to the application on a separate sheet of paper.

Name of employer	Starting date (mo./yr.)	Start salary
Address	Leaving date (mo./yr.)	Final salary
Job title and duties	Supervisor's name/title	Phone number
Reason for leaving	May we Contact <input type="checkbox"/> YES <input type="checkbox"/> NO	

Name of employer	Starting date (mo./yr.)	Start salary
Address	Leaving date (mo./yr.)	Final salary
Job title and duties	Supervisor's name/title	Phone number (HR)
Reason for leaving	May we Contact <input type="checkbox"/> YES <input type="checkbox"/> NO	

Name of employer	Starting date (mo./yr.)	Start salary
Address	Leaving date (mo./yr.)	Final salary
Job title and duties	Supervisor's name/title	Phone number (HR)
Reason for leaving	May we Contact <input type="checkbox"/> YES <input type="checkbox"/> NO	

U. S. Military Service

Have you served in the U.S. armed forces? (If yes, please describe relevant skills or experience) <input type="checkbox"/> NO <input type="checkbox"/> YES (Optional, please attach a DD214)

EDUCATION

SCHOOL NAME	ADDRESS	GPA (OUT OF)	MAJOR	CERTIFICATE AWARDED	DATES ATTENDED
HIGH SCHOOL					
COLLEGE					
COLLEGE OR GRADUATE SCHOOL					
TECHNICAL SCHOOL/ADDITIONAL SCHOOL					

ADDITIONAL SKILLS, TRAININGS, and ACTIVITIES

PC SKILLS: Please list computer skills and software programs. Indicate level of proficiency.

Hobbies, organizations, and work related extra-curricular activities (You may omit activities that indicate your race, religion, color, disability, marital status, national origin, ancestry, sex or age).

List your professional organizational affiliations

List all foreign languages you can speak, write, read and understand

Professional licenses/certifications

Volunteer Experience

PROFESSIONAL / BUSINESS REFERENCES

Name / Occupation	Address	Phone Number	Phone Number (evening)

REFERRAL SOURCE

Name of Referring Employee	Employee Title / Position	Department	Work Telephone Number
<input type="checkbox"/> Advertisement (Specify Publication / Website):			
<input type="checkbox"/> Recruiter (Name)		<input type="checkbox"/> Employment agency (Specify)	
<input type="checkbox"/> Friend / Relative (Name)		<input type="checkbox"/> Other (Specify)	

Please read carefully. After you have completed this application you are required to sign the certification below.

I certify that all the information furnished on this form is true, complete and correct to the best of my knowledge. I understand and agree that any material misrepresented or facts deliberately omitted in my application may be justification for refusal of employment or termination if employed.

Applicant's signature _____ Date _____

Voluntary Self Identification Form

YOUR VOLUNTARY COOPERATION IN COMPLETING THIS FORM IS APPRECIATED.
THIS COMPANY IS AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER.

THIS COMPANY IS WILLING TO MAKE REASONABLE ACCOMMODATIONS TO DIFFERENTLY ABLED INDIVIDUALS. IF YOU REQUIRE AN ACCOMMODATION, PLEASE INFORM US.

THIS COMPANY IS REQUIRED BY STATE AND FEDERAL LAWS AND REGULATIONS TO FURNISH STATISTICAL DATA AND MAINTAIN RECORDS OF CERTAIN POPULATION CHARACTERISTICS OF THOSE WHO APPLY FOR JOBS WITH US, INFORMATION GATHERED ON THIS FORM WILL BE USED FOR STATISTICAL PURPOSES ONLY. IT WILL NOT APPEAR IN YOUR APPLICANT FILE NOR USED AS EMPLOYMENT CRITERIA. IF YOU ARE EMPLOYED BY THIS COMPANY IT WILL NOT APPEAR IN YOUR PERSONNEL FILE.

Name: _____

Position or Requisition Applied For _____

Date _____

ETHNIC CATEGORY (CHECK ONE)

- American Indian or Alaskan Native: A person having origins in any of the original peoples of North or South America, and who maintains tribal affiliation or has community recognition as an American Indian or Alaskan Native.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam.
- Black or African American: A person having origins in any of any of the black racial groups of Africa.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins of any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Gender

- MALE
- FEMALE