

# APPLICATION FOR EMPLOYMENT

The 26<sup>th</sup> DAA consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

DATE OF APPLICATION \_\_\_\_\_

\*\*\*\*\*PLEASE PRINT\*\*\*\*\*

Position(s) Applied For: (Circle one)

SECURITY

TICKET SELLER

MAINTENANCE

OTHER

LAST NAME	FIRST NAME	MIDDLE
_____	_____	_____

<b>MAILING</b> ADDRESS	Number	Street	City	State	Zip
_____					

TELEPHONE	Home	Work	Cellular
_____			

DRIVERS LICENSE #	DATE OF BIRTH	SOCIAL SECURITY #	
_____			
(circle one)	MALE	OR	FEMALE

How did you learn about us? (circle one)	ADVERTISEMENT	FRIEND _____	
	RELATIVE	OTHER	EMPLOYMENT AGENCY

If you are under 18 years of age, can you provide required proof of your eligibility to work from the School District? \_\_\_Y \_\_\_N

Have you ever filed an application with us before? \_\_\_Y \_\_\_N

Have you ever been employed with us before? \_\_\_Y \_\_\_N

Are you currently employed? \_\_\_Y \_\_\_N

May we contact you current employer? \_\_\_Y \_\_\_N

Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment.) \_\_\_Y \_\_\_N

On what date would you be available for work? \_\_\_\_\_

Are you available to work \_\_\_\_\_ F/T \_\_\_\_\_ P/T \_\_\_\_\_ SHIFT WORK \_\_\_\_\_ TEMPORARY

Hours Preferred \_\_\_\_\_ NIGHT SHIFTS \_\_\_\_\_ DAY SHIFTS

Have you been convicted of a felony within the last seven (7) years? \_\_\_\_\_ Y \_\_\_\_\_ N

If "Yes", please explain

**WORK EXPERIENCE:** Please list your last two employers with most recent first. Include any military service assignments or volunteer work.

Employer \_\_\_\_\_ Dates Employed (from – to) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed (from – to) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

**SPECIAL SKILLS & QUALIFICATIONS:** (summarize special job related skills and qualifications acquired from employment or other experiences)

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

**REFERENCES:** (Give **name and phone number** of three references who are not related to you and are not previous employers)

1. \_\_\_\_\_

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

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

**In Case of Emergency: Please Call: #1** \_\_\_\_\_

**#2** \_\_\_\_\_