

**DWIGHT PUBLIC SCHOOLS
EDUCATION SUPPORT STAFF
APPLICATION FORM**

NAME _____ DATE _____

ADDRESS _____ PHONE _____

CITY, STATE, ZIP _____ CELL _____

POSITION APPLIED FOR _____

EDUCATION:

Check Appropriate Answer

High School _____ Yrs. _____ Diploma Yes _____ No _____

Check Appropriate Answer

College _____ Yrs. _____ < 30 Hours _____

30-60 Hours _____

College _____ Yrs. _____ A.S. Degree _____

B.S. Degree _____

College _____ Yrs. _____ B.S. Degree _____

WORK HISTORY:

Current Employer _____ Contact: _____

Address _____ Phone _____

Position Held _____ Salary/Hrly Rate \$ _____ From: _____ To: _____

Past Employer _____ Contact: _____

Address _____ Phone _____

Position Held _____ Salary/Hrly Rate \$ _____ From: _____ To: _____

Past Employer _____ Contact: _____

Address _____ Phone _____

Position Held _____ Salary/Hrly Rate \$ _____ From: _____ To: _____

PERSONAL REFERENCES

Name _____ Address _____ Phone: _____

Name _____ Address _____ Phone: _____

QUESTIONS

1. Are you physically able to perform the duties associated with this job with or without accommodations? Yes _____ No _____

2. When would you be able to begin this job? _____

3. What special skills do you possess that are helpful for the job applied for?

This position will require a fingerprint-based criminal history records check and a check of the statewide sex offender database. I authorize the Dwight Public Schools' Superintendent to complete the above personal checks as a condition for possible employment.

Signature

Date