

APPLICATION FOR EMPLOYMENT-CLASSIFIED
LAKE MILLS COMMUNITY SCHOOL
102 South 4th Avenue East, Lake Mills, IA 50450
EOA/AA

(Please Print)

Name: _____ Social Security #: _____ Date: _____
(Last) (First) (Middle)

Address: _____ E-mail: _____
(Number) (Street) (City) (State) (Zip)

Telephone (Day): (____) ____-____ Telephone (Evening): (____) ____-____ Telephone (Cell): (____) ____-____

Are you at least 18 ? ___Yes ___No If hired, can you provide written evidence authorizing you to work in the U.S.? ___Yes ___No

Type of Work Desired: _____ Salary/Wage Desired: _____

Education:

Level: _____ Name/Location: _____ Major Courses: _____ Years Completed: _____ Diploma/Degree: _____

High School _____

College/Trade _____

Other _____

Employment:

Company Name: _____ Address: _____ Date Began: _____ Date Ended: _____ Wage: _____ Reason for Leaving: _____

1. _____

2. _____

3. _____

4. _____

Military Service:

Branch: _____ Date Began: _____ Date Ended: _____ Rank/Type of Service: _____

Training/Experience Received: _____

Additional information you want to share such as licenses, memberships, hobbies: _____

Information we may need, pertaining to your name, for us to be able to do background checks: _____

References:

Name: _____ Address: _____ Phone: _____ Occupation: _____ Years Known: _____

1. _____

2. _____

3. _____

4. _____

APPLICANT'S STATEMENT

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of two (2) years; after that time I need to submit a new application to be considered for employment.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, related papers, and interviews. I authorize all individuals, schools, and firms named therein to release information requested about me and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient for dismissal or refusal of employment.

Applicant's Signature/Date: _____