## **Application for Employment Silver Lake Public School**

An Equal Opportunity Employer

NAME:		SOCI	SOCIAL SECURITY #			
	First	Initial				
ADDRESS:						
Street/PO Box		_	City	State	Zip	Phone
Ever Convicted of a Felony? Yes		No	_If yes, what ch	ıarge?		
Equipment you ha	ve the ability to op	perate:				
Any Special skills		ications? _				
Driver's/Operators	s Licenses - Type:					
What Date will yo	u be available for	work?				
Name of School			EDUCATION Course Majored In		Years/Degrees Completed	
Nam	ie	RE	EFERENCES Address		Phone	·

## PREVIOUS WORK HISTORY

BEGIN WITH PRESENT OR MOST RECENT EMPLOYER

NAME:	START/END DATE
ADDRESS:	TYPE OF BUSINESS
PHONE:	REASON FOR LEAVING:
NAME:	START/END DATE
ADDRESS:	TYPE OF BUSINESS
PHONE:	REASON FOR LEAVING:
RESPONSIBILITIES:	
NAME:	START/END DATE
ADDRESS:	TYPE OF BUSINESS
PHONE:	REASON FOR LEAVING:
RESPONSIBILITIES:	
knowledge. I understand fully	y me on this application is true and correct to the best of my that any false and misleading statements may be cause for d/or if employed may be just cause for subsequent dismissal.
Signature of applicant	DATE