

# Gorman Joint School District Classified Employment Application

Gorman Joint School District is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, sexual orientation, veteran status, political belief or disability that does not prohibit performance of essential job functions or any other basis prohibited by federal or applicable state or local law.

## Please Print:

\_\_\_\_\_  
Date                                  Last Name                                  First Name                                  Initial

\_\_\_\_\_  
No. & Street                                  City                                  State      Zip      -      \_\_\_\_\_

Permanent Address (if different from present address)

\_\_\_\_\_  
No. & Street                                  City                                  State      Zip      -      \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_                                  (\_\_\_\_) \_\_\_\_\_                                  (\_\_\_\_) \_\_\_\_\_  
Business Phone                                  Home Phone                                  Cell Phone

## Employment Desired

Position applying for:      Aide \_\_\_\_\_                                  Receptionist \_\_\_\_\_                                  Office Clerk \_\_\_\_\_  
   Maintenance \_\_\_\_\_                                  Janitorial \_\_\_\_\_                                  Other \_\_\_\_\_

Are you applying for:

Regular full-time work? ..... Yes \_\_\_\_\_                                  No \_\_\_\_\_  
Regular part-time work? ..... Yes \_\_\_\_\_                                  No \_\_\_\_\_  
Temporary work, e.g., summer or holiday work? ..... Yes \_\_\_\_\_                                  No \_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you available for work on weekends? ..... Yes \_\_\_\_\_                                  No \_\_\_\_\_

Would you be available to work overtime, if necessary? ..... Yes \_\_\_\_\_                                  No \_\_\_\_\_

If hired, on what date can you start work? ..... \_\_/\_\_/\_\_

**Personal Information**

Have you ever applied to or worked for Gorman Joint School District before? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Gorman JSD? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work at Gorman Joint School District?

Are you at least 18 years old? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

(If under 18, hire is subject to verification that you are of minimum legal age.) Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If so, may we contact your current employer? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

**Education, Training and Experience**

	<i>School Name/Address</i>	<b>Years Completed</b>	<b>Degree</b>
<b>High School</b>	_____	_____	_____
	Name _____		
	Address _____		
	_____ - _____		
	City _____ State _____ Zip _____		
<b>College</b>	_____	_____	_____
	Name _____		
	Address _____		
	_____ - _____		
	City _____ State _____ Zip _____		
<b>Vocational</b>	_____	_____	_____
	Name _____		
	Address _____		
	_____ - _____		
	City _____ State _____ Zip _____		

Do you speak, write or understand any foreign languages      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, which languages?

**Computer Knowledge**

I consider myself a computer:    \_\_\_\_\_expert    \_\_\_\_\_average user    \_\_\_\_\_novice    \_\_\_\_\_none

I own and operate the following:    \_\_\_\_\_ PC    \_\_\_\_\_ MAC    \_\_\_\_\_ printer    \_\_\_\_\_ ISP connections

I use the following programs:    \_\_\_\_\_ Word    \_\_\_\_\_ Excel    \_\_\_\_\_ Email    \_\_\_\_\_ Internet

**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

\_\_\_\_\_ ( ) \_\_\_\_\_

Name of Employer \_\_\_\_\_

Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_  
From To

Weekly Pay: \_\_\_\_\_  
Starting

\_\_\_\_\_ Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Name of Employer

( ) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_  
From To

Weekly Pay: \_\_\_\_\_  
Starting

\_\_\_\_\_ Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Name of Employer

( ) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_  
From To

Weekly Pay: \_\_\_\_\_  
Starting

\_\_\_\_\_ Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military?  Yes  No

If so, describe:

**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 First Name                                  Last Name                                  Telephone No.

\_\_\_\_\_ - \_\_\_\_\_  
 Address & Street                                  City                                  State                                  Zip

Occupation No. of Years Acquainted \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 First Name                                  Last Name                                  Telephone No.

\_\_\_\_\_ - \_\_\_\_\_  
 Address & Street                                  City                                  State                                  Zip

Occupation No. of Years Acquainted \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 First Name                                  Last Name                                  Telephone No.

\_\_\_\_\_ - \_\_\_\_\_  
 Address & Street                                  City                                  State                                  Zip

Occupation No. of Years Acquainted \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Gorman Joint School District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Gorman Joint School District's designated representative.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Gorman Joint School District, I am entitled to copies of any such public records obtained by Gorman Joint School District unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

\_\_\_\_\_ I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature