

McLaughlin School District 15-2

P.O. Box 880 • McLaughlin, SD 57642

Instill a passion for learning in ourselves, our children, and our community

CLASSIFIED – Employment Application

Applicant Information									
Full Name:									
Address:	Last		First						
Addiess.	Street Addre	ss			Apartment/Unit #				
	City			State	ZIP Code				
Home Phon	e:		Alternate Phone:						
E-mail Addr	ess:								
Social Secu	rity Number	or Government ID:							
F	Position You	u Are Applying For:							
Are you a citizen of the United States? Yes No If No, are you authorized to work in the U.S.? Yes No If Yes, when can you start in the U.S.?									
Have you ev	ver worked f	for McLaughlin? Yes⊡ No⊡]						
Have you ev	ven been co	onvicted of a felony? Yes	No⊡ If Yes, please explain	_					
			Education						
			t recent. Include High School, Co gs, please fill in and print out mo						
School:									
School Add	ress:								
From	To:								
Degree: Yes	s□ No□	Date Granted:							
School:									
School Add	ress:								
From	To:								
Degree: Yes	s□ No□	Date Granted:							
School:		_							
School Add	ress:								
From	To:								
Degree: Yes	s□ No□	Date Granted:							

Education (Continued)
Other Educational Information:
Course/Activity Certifications:
1
Administration/Teaching/Other Work Experience
Begin with your current or most recent position. List each promotion as a separate job. Include Paid and verifiable non-paid experience, including military service. Be as accurate and complete as possible, especially in describing the duties of each position. If you need more work experience space, please fill in and print out more copies of this section.
Total Years of Experience:
Name & Location of School:
Dates of Job:
Job Title:
Superintendent/Principal:
Total Years of Experience:
Name & Location of School:
Dates of Job:
Job Title:
Superintendent/Principal:
Total Years of Experience:
Name & Location of School:
Dates of Job:

Job Title:
Superintendent/Principal:
References
May we contact your current employer for a reference? Yes No
Please list three professional references, qualified to answer questions concerning your qualifications for employment.
1.Full Name:
Relationship
Company:
Company Address:
Company Phone:
2.Full Name:
Relationship
Company:
Company Address:
Company Phone:
3.Full Name:
Relationship
Company:
Company Address:
Company Phone:
Personal Information
Use this space for additional information about yourself, listing additional training skills that you feel would be applicable to the position you are applying for:

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN THE EDUCATIONAL INSTITUTIONS, EMPLOYERS, LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED MY AN AUTHORIZED COMPANY REPRESENTATIVE..

I HAVE READ THE ABOVE AND UNDERSTAND:	YES□	NO		
Signature:			 	
Date			 	