



**IV. WORK EXPERIENCE**

Include all of your last five employers, and all employers for the last 15 years, starting with your current or most recent employer. Omission of prior employment or false reasons for leaving may be considered falsification of information.

Start Date	End Date	Position (also state if full or part-time)	Duties	Name, Mailing Address and Telephone of Employer	Reason for Leaving

**V. SKILLS**

List technical skills, clerical skills, trade skills relevant to the Position(s) for which you have applied. Identify other credentials, licenses, professional affiliations, etc. relevant to the Position(s)

<b>If required for the Position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>

**VI. REFERENCES**

List names and addresses of persons who are qualified to answer questions concerning your fitness for the position you seek.

Name	Relationship (e.g. supervisor, friend)	Contact Info: Telephone & Complete Mailing Address

**VII. VETERAN PREFERENCE**

If you wish to be considered for a Veterans Preference please indicate  Yes  No, and submit the appropriate documentation with your application. Note: This section is optional; you need to request a Veterans Preference even if you are eligible, and if you do not request the preference, you need not submit information about your veteran status.

- A. **Applicant Veteran?**  Yes  No. If yes, submit DD Form 214.
- B. **Disabled Veteran?**  Yes  No. If yes, submit DD Form 214 and Veteran's disability verification.
- C. **Spouse of 100% Disabled Veteran?**  Yes  No. If yes, submit DD Form 214, veteran's disability verification and proof of marriage.
- D. **Spouse of Veteran on active duty at this time or within 180 days of the spouse's discharge or separation of service.**  Yes  No.

**VIII. QUESTIONS**

Directions: Please answer each of the questions below as best you can. If more space is needed please attach additional pages. If you are typing your answers, please respond to at least one question in your own handwriting.

**A. Eligibility for hire:**

- Are you currently employed? \_\_\_Yes \_\_\_No. If yes, give name of employer & why do you wish to leave your current position.  
\_\_\_\_\_
- Are you eligible to work in the United States? \_\_\_Yes \_\_\_No.
- Are you 18 years of age or older? \_\_\_Yes \_\_\_No.
- Do you have any condition (physical, mental, or otherwise) which prevents you from performing the essential functions of any of the positions for which you have applied, with or without accommodation? (Note: regular, dependable attendance is an essential function of positions at Educational Service Unit 8.) \_\_\_Yes \_\_\_No. If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

**B. Interest in Educational Service Unit 8:**

- Have you previously filed a written application for employment with Educational Service Unit 8? \_\_\_Yes \_\_\_No. If yes, give date(s) and position for which you applied:  
\_\_\_\_\_
- Why do you want to be employed at Educational Service Unit 8?  
\_\_\_\_\_  
\_\_\_\_\_
- What experiences have you had with Educational Service Unit 8?  
\_\_\_\_\_  
\_\_\_\_\_

**C. Prior History:**

- Have you ever had failed or refused to fulfill a contract of employment with any employer? \_\_\_Yes \_\_\_No. If yes, describe:  
\_\_\_\_\_  
\_\_\_\_\_
- Have you ever had a certificate or license for work purposes denied or revoked? \_\_\_Yes \_\_\_No. If yes, describe:  
\_\_\_\_\_  
\_\_\_\_\_

**D. Self-Evaluation:**

- Describe your employment strengths and abilities and personal characteristics which will apply to your position:  
\_\_\_\_\_  
\_\_\_\_\_
- Describe your weakness/areas in which you feel you need to improve:  
\_\_\_\_\_  
\_\_\_\_\_
- Describe your future plans and goals in employment & your plans for remaining at ESU 8 if hired:  
\_\_\_\_\_  
\_\_\_\_\_

**IX. PERSONAL DISCLOSURE**

Respond to EACH item. If there is no response to any item, or if the required attachments do not accompany your application, your application WILL BE REMOVED FROM CONSIDERATION. Information provided in this disclosure will not automatically bar you from employment but will be considered in view of all relevant circumstances.

- 1. Have you ever received a ticket, been charged with, or been convicted of, a criminal offense relating to sexual or physical abuse?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. If you answered "Yes" to Question #1 above, you must explain each situation including location(s), date(s), agency(ies) involved, and the outcome of the each ticket, charge, or arrest (use an attachment if needed):  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Have you ever had any license, permit, or certificate terminated, revoked, suspended, received a private or public reprimand or admonishment from a licensing agency or been subject to a judicial restraining or contempt order? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. If you answered "Yes" to Question #3 above, you must attach an explanation of each situation including location(s), date(s), agency(ies) involved, and the outcome of the each situation (use an attachment if needed):  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from employment?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 6. If you answered "Yes" to Question #5 above, you must explain each situation including the name of the employer(s), the date(s) and reason(s) for the resignation or termination.  
\_\_\_\_\_  
\_\_\_\_\_

Note: Board policy requires that a criminal history record information check be completed prior to employment.

**X. VERIFICATION**

I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand it is my responsibility to immediately provide updated, correct information if any of the information changes at any time. I understand that any omission, falsification or misrepresentation made by me on this application or any supplement will be sufficient grounds for failure to employ me or for my discharge should I become employed with the school district. I understand that disclosure of social security number is optional. It will be used to conduct background checks for employment purposes and for personnel and payroll processing and required reporting if I am employed. I further understand that employment in a classified position would be on an at will basis, terminable at will.

\_\_\_\_\_  
*Legal Signature of Applicant* Date: \_\_\_\_\_, 20\_\_\_\_

**It is the policy of Educational Service Unit 8 to not discriminate on the basis of sex, handicap or disability, race, color, religion, marital status, veteran status, or national or ethnic origin, or on the basis of genetic information, in its educational programs, admission policies, employment policies or other administered programs. This position is subject to a veteran's preference. Persons requiring accommodations to apply and/or be considered for positions with Educational Service Unit 8 are asked to make their request to the Business Manager.**

**APPLICANT CERTIFICATION**

In signing below, I certify that all the information which I have furnished on this form is true and complete. I understand that this information is material to my hiring and that my failure to provide true and complete information concerning the time period in question will automatically disqualify me for a position with Educational Service Unit 8 or in the event that I am hired, subject me to immediate termination.

\_\_\_\_\_  
*Signature of Applicant* *Print Name* *Date*