

CAMBRIDGE SCHOOL DISTRICT #432
P.O. BOX 39
CAMBRIDGE, ID 83610
TELEPHONE 257-3321 FAX 257-3323

APPLICATION FOR EMPLOYMENT

NAME: _____ SS#: _____ PHONE: _____

ADDRESS: _____

FOR POSITION AS: _____

EDUCATION

	Name of School	Course Completed or Degree Earned	Date of Graduation or Final Year Attended
HIGH SCHOOL:			
COLLEGE:			
BUSINESS/TECHNICAL:			

EXPERIENCE

Name & Phone # of Previous Employer	Occupation	Dates From/To	Reason for Leaving	Immediate Supervisor
1)				
2)				
3)				

**List most recent first

SKILLS

Please specify types of vehicles you have driven and number of year of experience with each:

Do you have a current commercial driver's license (CDL)? _____ License # _____

Please list endorsements: _____

REFERENCES

Name	Address	Phone #
Business:		
Business:		
Personal:		

Have you ever been charged with or convicted of a misdemeanor or felony? ___ Yes ___ No
If yes, please explain on back.

The facts set forth above are true and complete. I understand that if employed, false statements on this application shall be considered sufficient grounds for dismissal. I understand that all non-certificated positions are considered "at will" employment.

Signature: _____ Date: _____