



# Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
PERMANENT Street Address		Apartment/Unit #	
City	State	ZIP	
PRESENT Street Address		Apartment/Unit #	
City	State	ZIP	
Home/Cell Phone	E-mail Address		
Position Seeking		Date Available	
Are you a citizen of the United States?    YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a felony?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
If you are under 18 years of age, can you provide required proof of your eligibility to work?    YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, give date			

EDUCATION			
High School Name and Location			
Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, type of degree    High School Diploma <input type="checkbox"/> GED or Equivalent <input type="checkbox"/>	
Name of College or University		Major	Minor
Hours Earned	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Name of College or University		Major	Minor
Hours Earned	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Name of College or University		Major	Minor
Hours Earned	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Technical/Vocational/Other Training			
Type of Certification/Endorsement/License		Dates Valid	
Technical/Vocational/Other Training			
Type of Certification/Endorsement/License		Dates Valid	

**EMPLOYMENT HISTORY** – Please list all previous relevant employment experience beginning with your current or most recent employer.

Employer Name		Position Title	
Address		State	ZIP
Supervisor Name	Phone	Fax	
Email	Initial Rate/Salary \$	Final Rate/Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer/supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer Name		Position Title	
Address		State	ZIP
Supervisor Name	Phone	Fax	
Email	Initial Rate/Salary \$	Final Rate/Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer/supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer Name		Position Title	
Address		State	ZIP
Supervisor Name	Phone	Fax	
Email	Initial Rate/Salary \$	Final Rate/Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer/supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**COMPUTER SKILLS** – Please complete the following table by marking whether your skill level is basic, moderate, or proficient in the listed types of computer programs.

Computer Programs	Basic	Moderate	Proficient
Word Processing			
Data Base			
Spreadsheet			
Presentation			
Internet			

Iron Mountain Public Schools (IMPS) and Iron Mountain-Kingsford Community Schools (IMKCS) are Equal Opportunity Employers/Educational Institutes. It is the policy our that no person shall, on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight, or marital status be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program, activity, service or in employment. For information contact the Administrative Offices at (906) 779-2600 or (906) 779-2660.

**REFERENCES** — Please list three persons, not related to you, who can provide information about your work performance, attendance, character, etc. At least two professional references are preferred.

Full Name	Relationship	Professional	<input type="checkbox"/>	Personal	<input type="checkbox"/>
Company	Phone				
Email Address	Years Acquainted				
Full Name	Relationship	Professional	<input type="checkbox"/>	Personal	<input type="checkbox"/>
Company	Phone				
Email Address	Years Acquainted				
Full Name	Relationship	Professional	<input type="checkbox"/>	Personal	<input type="checkbox"/>
Company	Phone				
Email Address	Years Acquainted				

**ADDITIONAL INFORMATION**

Have you had military service?  YES  NO  If so, which branch?  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 Rank at discharge? Type of discharge?  
 If other than honorable, explain.

Have you ever applied with this organization? YES  NO  If so, when? \_\_\_\_\_

Have you ever worked for this organization? YES  NO  If so, when? \_\_\_\_\_

Can you travel if a job requires it? YES  NO

How did you learn about the available position with the Dickinson-Iron Intermediate School District?

Advertisement  Employment Agency  Friend  Relative  Other  If Other, please List \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application or interview(s) shall be considered sufficient cause for dismissal. I understand, also, that I am required to abide by all rules and regulations of the employer. I understand that unless this application is completed in detail it will not be considered. I understand this application is for Iron Mountain-Kingsford Community Schools and will not be returned, nor its contents borrowed and shall be considered active for a period of time not to exceed 45 days. I certify that I can perform the essential elements of the job for which I am applying. I understand that Iron Mountain-Kingsford Community Schools is required by law to conduct a criminal background check to determine acceptability for employment. If I am offered a position with the district, I will fulfill the requirements for a completion of a criminal records check through Iron Mountain-Kingsford Community Schools. I hereby waive any right that I may have against any person contacted by Iron Mountain-Kingsford Community Schools including former employees who provide information concerning this application and I release each said person from liability for providing information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_