

FREDERICK AREA SCHOOL DISTRICT 6-2

202 Main Street, PO Box 484, Frederick, South Dakota 57441* 605-329-2145 (ph)*605-329-2722 (fax)

http://www.frederickarea.k12.sd.us/pages/Frederick_Area_School_District

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

(Incomplete applications will not be considered)

Please Type or Print Clearly

Name _____ **Date** _____
(Last) (First) (Middle)

Address _____ **Phone** _____
(City) (State) (Zip) (Daytime)

Phone _____ **Phone** _____ **Social Security Number** _____
(Evening) (cell)

E-mail address: _____

Position(s) for which you are applying, please indicate:

- | | | |
|--|--|--|
| <input type="checkbox"/> Clerical
____ Substitute | <input type="checkbox"/> Teacher
____ Elementary
____ Secondary
____ Special Ed
____ Substitute | <input type="checkbox"/> Teacher's Aide (Please specify grade or subject preference): _____

_____ |
| <input type="checkbox"/> Custodial/Maintenance
____ Substitute | <input type="checkbox"/> Other _____
(Please specify) | <input type="checkbox"/> Coaching/Activity (Please specify): _____

_____ |
| <input type="checkbox"/> Food Service
____ Substitute | | |

Please indicate in which schools you are seeking employment:

- All Schools Elementary Junior High High

EDUCATIONAL RECORD

Please List the Name & Address of Each School Attended	Subjects or Courses Studied	Type of Diploma or Degree Earned	Grad. Yes/No	Total Years Attended
High School				
Technical School				
College/University Work				
Graduate Work				

"DEDICATED TO A QUALITY EDUCATION FOR ALL STUDENTS"

Federal Law obligates us to provide reasonable accommodations for the known disabilities of the applicant, unless doing so would pose undue hardship. Please feel free to let us know if you need an accommodation to complete the application process.

EMPLOYMENT RECORD

In chronological order, beginning with your most recent or present employer, please list your employment experience. Include any job-related military service assignments and volunteer activities.

Present or Last Employer Name		Dates Employed		Describe Type of Work Performed and Skills Used
Address		From:	To:	
Telephone Number(s)		Length of Employment:		
Job Title:	Supervisor:	Hourly Wage/Salary		
		Start:	End:	
Reason for Leaving:				
Second Previous Employer Name		Dates Employed		Describe Type of Work Performed and Skills Used
Address		From:	To:	
Telephone Number(s)		Length of Employment:		
Job Title:	Supervisor:	Hourly Rate/Salary		
		Start:	End:	
Reason for Leaving:				
Third Previous Employer Name		Dates Employed		Describe Type of Work Performed and Skills Used
Address		From:	To:	
Telephone Number(s)		Length of Employment:		
Job Title:	Supervisor:	Hourly Rate/Salary		
		Start:	End:	
Reason for Leaving:				
Fourth Previous Employer Name		Dates Employed		Describe Type of Work Performed and Skills Used
Address		From:	To:	
Telephone Number(s)		Length of Employment:		
Job Title:	Supervisor:	Hourly Rate/Salary		
		Start:	End:	
Reason for Leaving:				

REFERENCES (List three references who are not relatives or personal friends, and who are familiar with your professional work)

1. _____
Name Title Address Telephone number(s)
2. _____
Name Title Address Telephone number(s)
3. _____
Name Title Address Telephone number(s)

May we contact the employers and references listed on this application? Yes No If not, please indicate by name which ones you do not wish for us to contact. _____

SPECIAL SKILLS AND QUALIFICATIONS

1. Summarize special job-related skills and qualifications acquired from employment, education, or other experience. _____

2. If you are a certified teacher, list endorsement area(s): _____

ACTIVITIES AND HONORS

Please list any job-related activities and honors. (Please exclude memberships that would reveal race, creed, color, national origin, gender, age, or disabilities.) _____

1. Check employment you will accept: Permanent Temporary Full-time Part-time
2. Are you able to perform the essential tasks of the job for which you are applying? No Yes
3. Would you be able to provide proof of citizenship, visa, or alien registration number if you were hired?
 No Yes
4. Have you ever been dismissed, failed to be renewed after completing a probationary period, or been asked to resign from a position? Yes No
5. Are there any restrictions regarding hours or days of availability? Yes No
6. Have you ever been convicted of an offense other than a minor traffic violation? (DUI & DWI convictions are not minor and must be reported.) No Yes
7. Have you ever been arrested for a felony? No Yes
8. Have you ever been charged with a felony? No Yes
9. Have you ever been convicted of a felony crime? No Yes
10. Have you ever been arrested (even if no contest or charges dropped or pled down) for a sex-related offense? No Yes
11. Have you ever been charged (even if no contest or charges dropped or pled down) with a sex-related offense? No Yes
12. Have you ever been convicted (even if no contest or charges dropped or pled down) of a sex-related offense? No Yes
13. Have you ever been arrested (even if no contest or charges dropped or pled down) for a drug-related offense? No Yes
14. Have you ever been charged (even if no contest or charges dropped or pled down) with a drug-related offense? No Yes
15. Have you ever been convicted (even if no contest or charges dropped or pled down) of a drug-related offense? No Yes
16. Have you ever been arrested for an act of violence, including domestic violence? No Yes
17. Have you ever been charged with an act of violence, including domestic violence? No Yes

18. Have you ever been convicted of an act of violence, including domestic violence? No Yes
19. Have you ever been the subject of an investigation by a school district or any other employer?
 No Yes

If you responded "Yes" to any of the questions, #4-19, please attach an explanation.

20. _____ I understand that a background investigation will be conducted to verify the authenticity and
 initial completeness of the information furnished by me.
21. _____ I hereby authorize the release of information by all previous employers regarding my job
 initial performance.
22. _____ I certify that there are no misrepresentations, omissions, or falsifications in the foregoing
 initial statements, and that the answers and the entries made by me above are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.
23. _____ I further agree and consent in advance to being summarily discharged without cause or hearing
 initial if any of the above information contains any misrepresentations of falsification or if any material information has been omitted.

Applicant's Signature

Date

Note to applicant: Please attach copy of document verifying highest level of education (i.e., diploma or transcripts).

IMPORTANT APPLICANT INFORMATION

Due to the large number of applications, we are unable to inform you of openings. It will be your responsibility to check with this office for information on current openings. The number is 605-329-2145. Other than some substitute positions, we do not interview unless a specific position is open. It is your responsibility to update your application with our office. Applications will be kept on file for one year from the application date, unless renewed at the written request of the applicant.

The Frederick Area School District 6-2 does not discriminate in its employment policies, or in its educational programs, on the basis of race, color, creed, religion, age, gender, marital status, disability, national origin, or ancestry.

Inquiries concerning the application of Title IX, Section 504, or Title VI, or the ADA of 1992, may be referred to the Superintendent of Schools at 202 Main Street, PO Box 486 Frederick, SD 57441 or to the Regional Director, Kansas City Office, Office for Civil Rights, US Dept. of Ed., 1010 Walnut St., Ste 320, Kansas City, MO 64106 (PH: 816-268-0550, TDD: 800-877-8339, FAX: 816-268-0599, OCR.KansasCity@ed.gov)

For Office Use Only

- Copy of Highest Level of Education Fingerprinting Complete New Employee Info Sheet
- Employee Physical Form Complete Fingerprint Analysis Report Received I-9 Form Complete
- W-4 Complete Copy of Driver's License & SS Card