EMPLOYMENT APPLICATION

Please complete all questions, marking N/A if not applicable. Attach your Resume. Your resume becomes part of this application. Applications are retained on file for one (1) year. If you require an accommodation to complete this application; or during the interview process, please notify the Human Resources Department (Business Manager). *Equal Opportunity Employer.*

	Date:	
Last Name First Name M.I.	Undergraduate Education	
Complete Street Address	(1) College or University Name	
City, State, Zip	Address, City, ST, Zip	
() (Cell Number Other Number	Dates Attended	Degree Received
E-mail Address	(2) College or University Name	
If hired, can you provide proof that you are a US citizen or are legally permitted to work in the US? Yes No	Address, City, ST, Zip	
Date available to start work	Dates Attended	Degree Received
Salary Desired	(3) College or University Name	
Teachers Only: Do you hold a valid Utah Teacher's Certification? ☐Yes ☐No	Address, City, ST, Zip	
If yes, type of certification:	Dates Attended	Degree Received
List other state licenses held or other states' licenses if applicable (i.e. Teaching Certificate in Idaho, etc.)	Postgraduate Education	
Discontint and Chate approved and appropriate	(1) College or University Name	
Please list any State approved endorsements Have you ever had a professional license suspended or revoked? Yes No Explain:	Address, City, ST, Zip	
Are you proficient in: ──Windows XP or 7 ── Mac OSX ──MS Office ──e-mail ──the Internet ──PowerSchool ──Utah's SIS 2000+	Dates Attended	Degree Received
	(2) College or University Name	
Have you been <u>convicted</u> of any crime, other than minor traffic violations? Yes No Have you been the subject of an investigation or administrative action (<i>licensed educators only</i>)? Yes No (please provide details)	Address, City, ST, Zip	
	Dates Attended	Degree Received
Applying for: Elementary (K-5) Middle school (6-8) Full Time Part Time	Other Education, Training or Honors	
Teacher— List Subject(s): Instructor Other Position:	Published Works (include dates)	
Hours Available:		
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Three Personal References			Employment History (please list most recent position first)	
Name		Relationship to You	(1) Employer Name Phone	
City, State	Phone	Years Known	(1) Employer Name	
city, state	rnone	rears Known	Name & title of direct supervisor May we contact this employer? Yes No	
Name		Relationship to You		
City Chata	()	Years Known	Address, City, State, Zip	
City, State	Phone	rears known	Date Employed (MO/YR) from to	
Name	()	Relationship to You		
City, State	Phone	Years Known	D. W. C.	
Certifications			Position (position, grades, subjects taught if education)	
I understand and agree that this application does not guarantee employment and is not a contract. I understand that if the school makes an employment offer, acceptance of employment is not a contract of employment for a specified term. This application does not create any expectation of employment or continued employment. I understand that the school employee/employer relationship is an at-will relationship and can be terminated by either party at any time, with or without cause, and with or			Starting and Ending Salary	
			Additional Compensation (Incentive Pay, Bonuses, etc.)	
			Reason for Leaving (please be specific)	
without notice. I understand that the Human Resources Department will make all formal offers of employee compensation and/or benefits. I				
understand that any handbooks, manuals, policies and procedures maintained by the school are not contractual in nature, and therefore may			(2) Employer Name Phone	
		at the sole discretion of the	Name & title of direct supervisor	
school at any time. Should I become an employee of the school, I will abide by the terms of the school's policies, which are subject to change or			May we contact this employer? Yes No	
amendment and will conduct myself in an ethical and legal manner. I will, in addition, obey all of the laws of the United States, the State of Utah and of all localities where the school operates.			Address, City, State, Zip	
I both understand and do authorize the school to perform a Criminal Background Check on me and to make such investigations and inquiries of		vestigations and inquiries of	Date Employed (MO/YR) from to	
my references, criminal, personal, social and employment histories; and other related matters as may be necessary in arriving at an employment decision or to qualify for and upon employment. I hereby release the school, former employers and any other persons from any and all liability in regards to discussing and/or releasing information in connection with the school's due diligence efforts regarding my employment application and related paperwork. If I am offered and choose to accept employment with the school, I understand I will be required to demonstrate within three (3) days that I am legally permitted to work in the United States. Failure to				
			Position (position, grades, subjects taught if education)	
			Starting and Ending Salary	
			Additional Compensation (Incentive Pay, Bonuses, etc.)	
provide evidence of Employment Eligibility Verification will result in termination of employment.			Reason for Leaving (please be specific)	
I certify that the information furnished herein was completed by me and that all supporting documents and my Resume (if included) are true and complete to the best of my knowledge. I understand that any omission or misrepresentation of material facts on any record or document submitted for employment will constitute grounds for denial of employment or immediate termination of employment regardless of the timing of discovery.		(if included) are true and	(3) Employer Name Phone	
		ord or document submitted	Name & title of direct supervisor	
			May we contact this employer? Yes No	
Equal Employment Opportunity (EEO) Policy Statement It is the policy of the school to promote equal employment opportunities. The school is an equal opportunity employer. The school will not discriminate, nor tolerate discrimination, against any applicant or employee because of race, color, sex, religion, national			Address, City, State, Zip	
		rtunity employer. The iscrimination, against any	Date Employed (MO/YR) from to	
origin, disability, vet		al status, or any other group		
protected by law. I have read and under	rstand the Certification	s. [] (check box).	Position (position, grades, subjects taught if education)	
Print Name		Date	Starting and Ending Salary	
			Additional Compensation (Incentive Pay, Bonuses, etc.)	

Reason for Leaving (please be specific)

Total number of pages attached:

Signature