

OLD TRAIL SCHOOL
APPLICATION FOR EMPLOYMENT

Name:		Social Security Number:	
Present Address:	City	State	Zip
Permanent Address:	City	State	Zip
Telephone:	E-mail address:		

Desired Employment
Position:
Date of Availability:

Service Record		
Branch of Service	Discharge Date:	Rank:
Have you been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
All employees are required to provide proof of identity and legal authority to work in the United States and are subject to a criminal background check.		

EDUCATION:	Name of School/Location	Years attended	Graduated?	Degree
High School				
College				
Other				

Please list special training or skills:

FORMER EMPLOYERS

List below last three employers, starting with the most recent.

Name of present or last employer:			
Address	City	State	Zip
Start date	Leaving date	Job Title	
May we contact your supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Supervisor	
Description of Work			
Reason for Leaving			

Name of previous employer:			
Address	City	State	Zip
Start date	Leaving date	Job Title	
May we contact your supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Supervisor	
Description of Work			
Reason for Leaving			

Name of previous employer:			
Address	City	State	Zip
Start date	Leaving date	Job Title	
May we contact your supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Supervisor	
Description of Work			
Reason for Leaving			

REFERENCES

Below, give the names of three persons you are not related to, whom you have known at least one year.

Name	Address	Phone No.

