

Name of School and Location Include High School, College Graduate, Post Graduate Work in Order Taken	Date Attended Month-Year	Degree Received	Major Subject	Sem. Hrs. In Major	Minor Subject	Sem. Hrs. In Minor
	From _____ To _____					
	From _____ To _____					
	From _____ To _____					

EXPERIENCE

Name and Complete Address Of Employer	Period of Service Exact Month, Year	No. of Months	Position	Reason for Leaving This Position
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			

Have you ever been asked to resign, been discharged, or failed to be reemployed? Yes _____ No _____

If yes, give details _____

Have you ever been convicted of an offense other than a misdemeanor? Yes _____ No _____

If yes, explain _____

In the last twelve months, how many days have you lost from work because of personal illness? _____
List any additional information which you wish to submit _____

REFERENCES

List the names, position and address of four (4) individuals as your references. Include supervisors under whom you have worked. Please do not list relatives as references.

NAME	OFFICIAL POSITION	ADDRESS (STREET, CITY, STATE & ZIP)	PHONE NUMBER

Read carefully and sign the following statement.

By my signature I attest that the information contained in this application is true and represents me accurately. If employed, I agree to abide by all the policies approved by the Board of Trustees and will cooperate fully with the programs for professional improvement. I understand that this application will remain in the active file for a period of one year and then will be classified as inactive unless I notify the Superintendent's office in writing to keep the application current.

Date _____ Signature _____