

Mayville Community Schools

6250 Fulton Street
Mayville, MI 48744

Office Use Only

Date Rec'd: _____
Position: _____
Interview Date: _____
Interviewer: _____

EMPLOYMENT APPLICATION—SUPPORT STAFF

POSITION FOR WHICH YOU ARE APPLYING: _____

Full Name: _____ Today's Date: _____

Address: _____ Home Telephone: _____

Soc. Sec. #: _____ Business Tel: _____

Are you legally authorized to work in the United States? Yes _____ No _____ (If not, attach explanation)

Are there any other names under which your educational or work records can be found? Yes _____ No _____ If yes, list name(s) _____

Earliest date available to begin work: _____

Are there any felony or misdemeanor charges pending against you? _____

Name, address, and telephone number of a person we can contact in the event of an emergency:

Name: _____

Address: _____

Telephone: Area Code _____

Please include any comments you believe would be helpful as we consider your application (may make attachments):

EDUCATIONAL AND PROFESSIONAL TRAINING

Name and Location of Institution (Incl. High Sch.)	Dates From – To	Major(s)	Minor(s)	Sem. Hours	Degree

WORK EXPERIENCE

Employer	Location	Position	Dates

MILITARY SERVICE

Branch	Duties	Rank	Dates	Type of Discharge

REFERENCES (at least three)

	Name	Address	Occupation	Phone
1.				
2.				
3.				
4.				

Please read the following statement carefully before signing to indicate your understanding:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statement of this application may result in termination.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give you.

_____ Date

_____ Signature