

**GAYLORD COMMUNITY SCHOOLS
GENERAL APPLICATION FOR EMPLOYMENT**

615 S. Elm Street, Gaylord, MI 49735

Telephone: (989)705-3080

Job Hotline: (989)705-3099

Fax: (989)732-6029

www.gaylordschools.com

Name: _____ Address: _____ City/Zip: _____

Telephone Number: _____ Social Security Number: _____ US Citizen? YES NO

Relatives employed by this district: _____

Name

Relationship

Person to be notified in case of emergency: _____

Name

Address

Telephone Number

RECORD OF EDUCATION

Name & Location of School	Last Year Completed	Graduated?	Diploma/Degree/Certificate
High School:	9 10 11 12	Yes___ No___	
College:	1 2 3 4	Yes___ No___	
College:	1 2 3 4	Yes___ No___	
Trade School or Other:	1 2 3 4	Yes___ No___	

EMPLOYMENT DESIRED: *Please number your preferences from 1 to 10*

<input type="checkbox"/>	Before/After School Assistant	<input type="checkbox"/>	Cafeteria Worker
<input type="checkbox"/>	Classroom Assistant	<input type="checkbox"/>	Custodial Worker
<input type="checkbox"/>	Media Technicians	<input type="checkbox"/>	Maintenance Worker
<input type="checkbox"/>	Playground Assistant	<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Special Education Assistant	<input type="checkbox"/>	Secretary

Have you applied with this school district in the past? _____

If so, when and for what position(s): _____

Please summarize other experiences and qualifications for the preferred positions:

Please list any community/civic activities in which you are currently involved:

Are you currently employed? _____ If so, may we contact your employer? _____

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT BEGINNING WITH YOUR MOST RECENT

Name/Address of Employer	FROM Month/Year	TO Month/Year	POSITION Describe the work you did	Reason for leaving	Name of Supervisor
Telephone:					

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Telephone:					

Name/Address of Employer	FROM Month/Year	TO Month/Year	POSITION Describe the work you did	Reason for leaving	Name of Supervisor
Telephone:					

EDUCATIONAL/EMPLOYMENT REFERENCES

Name & Occupation	Address	Phone Number

PERSONAL REFERENCES (Not former employers or relatives)

Name & Occupation	Address	Phone Number

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. DATE: _____ SIGNATURE: _____

It is the policy of Gaylord Community Schools that no person shall, on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight, marital status or any other legally protected characteristic be excluded from participation in, be denied the benefits of, or be subjected to, discrimination during any program, activity, service or in employment.