

Do you have a relative who is either a member of the Cashion School District Board of Education or who is employed in any capacity in the Cashion Public Schools? _____

If yes, please list the following information:

NAME OF RELATIVE	RELATIONSHIP	POSITION HELD

In case of emergency, the School should notify: _____

Relationship _____ Phone Number: _____

B. Employment Preference

1) **Certified** (Certificate # _____, lapse date: _____) **Non-certified**

2) Areas of preference:

- Elementary School Junior High School Senior High School
 No grade level preference

3) Subject area of preference: _____

4) Student Teaching:

- Completed Currently student teaching None

If you have completed student teaching within the last three years (or are now doing so), please complete the following:

Name of cooperating teacher: _____

School (name & address): _____

C. Educational Preparation

NAME AND ADDRESS OF INSTITUTION	DEGREE EARNED	DATE OF GRADUATION	MAJOR
			MINOR

D. Previous Experience

List below a complete chronological history of previous work experience.
Please begin with your most recent employment.

FORMER EMPLOYER (LIST COMPANY NAME, COMPLETE ADDRESS AND TELEPHONE NUMBER)	SUPERVISOR'S NAME	DATES WORKED (FROM / TO)	REASON FOR LEAVING
		POSITION HELD	

FORMER EMPLOYER (LIST COMPANY NAME, COMPLETE ADDRESS AND TELEPHONE NUMBER)	SUPERVISOR'S NAME	DATES WORKED (FROM/TO)	REASON FOR LEAVING
		POSITION HELD	

Have you ever:

❶ Entered a plea of guilty or *nolo contendere* to a State or Federal felony charge?

Yes _____ No _____

❷ Been convicted of a State or Federal felony offense?

Yes _____ No _____

❸ Been charged with a State or Federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or *nolo contendere*?

Yes _____ No _____

④ Entered a plea of guilty or *nolo contendere* to, or been convicted of, a State or Federal misdemeanor charge involving illegal chemical substances or illegal sexual activity?

Yes _____ No _____

If you have answered "yes" to any of the last four questions, please complete the following:

TYPE OF VIOLATION	DATE	PLACE (CITY, STATE)

E. References

(Please do not list relatives. Please include two local references.)

NAME FULL MAILING ADDRESS	TELEPHONE NUMBER	RELATIONSHIP TO APPLICANT

E. Completed Application

This application will serve as your request to add your name to our list of applicants.

The acceptance of an application is not a promise of employment.

All applicants must apply directly to the Superintendent and not to individual schools.

I understand that my application will remain in force from January 1 through December of the year in which application is made. I understand that I should notify the Superintendent in writing if I wish to be considered beyond that period.

All persons, firms and entities listed in this application are hereby authorized to release any information concerning me to the Personnel Department of Cashion Public Schools. I hereby release said persons, firms and entities from any liability as a result of the furnishing of such records and information.

I certify that to the best of my knowledge the facts set forth in my application are accurate and complete. I understand that if I am employed and any information in this application is found to be false or incomplete, my employment can be terminated.

Signature of Applicant

Date

Please do not write below this line — Office use only

Interviewer comments: