

## **CLASSIFIED STAFF EMPLOYMENT APPLICATION**

Prairie Hills USD 113 is an equal opportunity employer and does not discriminate on the basis of race, Religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

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Applicant Information (Information will be used to complete background screening)										
First Name	Middle Initial	Last Name								
Address	City	 State	Zip							
7.441.535	O.ly	Ciaio	<b>-</b> .p							
Cell Phone	Home Phone	Email								
Driver's License #	Driver's License State	-								
Applicant Questionnaire										
Desired Position	Date Available	Years of Experience								
Are you able to meet the Physical Requirements of this position without accommodation?  Yes										
Would you accept temporary or part-time work?			Yes □							
Have you ever been convicted of a felony or any crime other than a minor traffic violation?  Yes □										
*If yes, please explain:										
Education History										
Begin Date End Date Sch	ool Name Location	School Type	Type o Degree/Dip	of oloma						
		-								
		_								

Employment History (List below your last four employers, starting with the most recent first.)									
Begin Date	End Date	Employer Name	Location	Position	Reason for Leaving	May we Contact			
						Yes □			
						Yes □			
						Yes □			
						Yes □			
Professional	References	(Include three non-related refere	ences.)						
	Name	Phone Numbe	r	Association	Years Know	wn			
			<del></del>						
Statement	(Please read	I this statement carefully before sig	ning this application.)						
				properly history, and verify a	II data giyan an this annli	ination and			
		uct a thorough background investig							
_	-	lease USD 113 and its representat	_	·	=				
		s named to provide any requested							
		nis completed application are true a	and I understand that ar	ny falsification or willful omis	ssion shall be sufficient c	ause for			
dismissal or re	efusal to hire.								
		Signature of Applicant			//				
Signature of Applicant Date									
		DO NO	T WRITE BELOW THE	S LINE					
			R EMPLOYER USE O						
	/ /		1 1		1 1				
-	Start Date	<del></del>	Termination Date	-	BOE Approved Date	-			
SALARY SCHEDULE									
Pos	ition/Supplemer	ntal Step	Level	Amount	Effective	e Date			
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