

Box Elder County School District
960 South Main
Brigham City, Utah 84302
PHONE (435) 734-4800
FAX (435) 734-4833

Date: _____

CLASSIFIED POSITION APPLICATION

Name: _____

Address (Street/City/State/Zip): _____

Home Telephone Number: _____

Other Telephone Number: _____

Email Address: _____

**Positions for which
Applying**
(Please Check)

Full Time	_____
Part Time	_____
Custodian	_____
Sweeper	_____
Maintenance	_____
Food Services	_____
Teacher Aide	_____
Special Ed Aide	_____
Secretarial/Clerical	_____
Technology	_____

EDUCATIONAL BACKGROUND

High School Attended: _____ Grade Completed: _____ Year Graduated: _____

College/Trade School Attended: _____ Number of Years: _____

Courses Taken: _____

Degrees/Certificates Received: _____ Major: _____ Minor: _____

SKILLS/TRAINING

List equipment and/or machines with which you are proficient: _____

List special talents (such as music), skills, or training you have that would qualify you for this position:

WORK EXPERIENCE

Have you previously been employed by a School District? _____

If yes, please list the name and address of the school district, positions held, and date(s) employed:

List previous employment beginning with most recent positions:

Employer & Address	Dates Employed	Reason for Termination	Supervisor

If offered a position, when would you be available to begin work? _____

PERSONAL REFERENCES

List three people not related to you that we may contact as references:

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

Have you been convicted, plead guilty, plead no contest, or sentenced for any other offense? Yes No
If yes, please indicate the charge and disposition: _____

If you are presently charged or under indictment for a criminal offense, upon a finding or a plea of guilty you shall provide that information to the school district.

Please refer to cover page regarding hiring process.

If you are selected for further consideration, you will be notified.

Selected employees will be required to submit to a criminal records check, and are expected to obtain an initial physical examination at their own expense.

VERIFICATION

The facts set forth above are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

Signature _____

Date _____

BOX ELDER SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

AUTHORIZATION FOR EMPLOYER TO DISCLOSE INFORMATION & LEGAL RELEASE

(Please read the following statements, sign below, and return to the Human Resources Office.)

I have applied for employment with the Box Elder School District and have provided information about my current and prior employment. I understand that the District must contact prior employers before hiring me to work. I also understand that the District prefers to contact both current and prior employers. By checking the block below and signing this release I authorize the District to conduct reference checks with:

- My Current Employer, References, and all Prior Employers
- All Prior Employers and References only (do not contact current employer)

I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, disciplinary files or actions, and employment history. My signature below and check mark above authorizes my prior and/or current employers and references to release information regarding my employment record with their organizations and to provide any additional information that may be necessary for my application for employment with the District, whether the information is positive or negative.

I understand that the District is required to request this information pursuant to Utah law (Utah Code § 53A-6-402) and that pursuant to this same law, any person who, in good faith, provides a recommendation or discloses or receives information is exempt from civil and criminal liability relating to the recommendation, receipt, or disclosure.

I agree that this signed document may be photocopied, electronically scanned, or reproduced as a facsimile, PDF, or other electronic document, and that these copies will be as effective as, and relied upon to the same extent as, the original signed document.

Signature of Applicant

Date

Applicant's Name - Printed