

# CLASSIFIED POSITION APPLICATION

Date: \_\_\_\_\_

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

Positions for which Applying (Please Check)	
Full Time	_____
Part Time	_____
Custodian	_____
Asst. Custodian	_____
Maintenance	_____
Cook	_____
Para Professional	_____
Special Ed Aide	_____
Secretarial/Clerk	_____
Technology	_____
Other:	_____
	_____

Name: \_\_\_\_\_

Address (Street/City/State/Zip): \_\_\_\_\_

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

High School Attended: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College/Trade School Attended: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Courses Taken: \_\_\_\_\_

Degree/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 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 county 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 the 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 the 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.

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**Signature of Applicant**

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**Date**

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**Applicant's Name- Printed**