

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: _____

Social Security Number: _____

**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 of a felony within the last seven years? Yes No

**Conviction will not necessarily disqualify applicant for employment.

If yes, please explain: _____

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