

**LICKING R-VIII SCHOOL DISTRICT  
125 COLLEGE AVENUE  
P.O. BOX 179  
LICKING, MISSOURI 65542-0179  
(573) 674-2911 FAX (573) 674-4064**

**APPLICATION FOR EMPLOYMENT**

**PERSONAL DATA**

Date	Position Applying For
Name	Social Security Number
Address	Phone Number Daytime
	Phone Number Evening
Have you ever applied for employment with us? <input type="radio"/> Yes <input type="radio"/> No   If "Yes", Month and Year _____	When will you be available to work?
Are you legally eligible for employment in the United States?	Pay expected?
Apart from absences for religious observance, are you available for full-time work? <input type="radio"/> Yes <input type="radio"/> No   If not, what hours can you work? _____	Emergency Contact Person _____ Phone No. Home _____ Phone No. Work _____
Other special training or skills (languages, machine operation, etc.)	

**EDUCATIONAL DATA**

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
College					
Business/Trade/Technical					
High School					
Elementary					

**MILITARY**

Did you serve in the U.S. Armed Forces? <input type="radio"/> Yes <input type="radio"/> No	If "Yes", in what Branch?
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Describe any training received relevant to the position for which you are applying:

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Have you ever been charged or been convicted, pled guilty, pled nolo condendere, or received a suspended imposition of sentence for a crime other than a minor traffic violation such as a speeding ticket?    Yes    No

If "Yes", please explain.

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**EMPLOYMENT****Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.**

Company Name	Telephone
Address	Employed (State Month and Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason For Leaving
Company Name	Telephone
Address	Employed (State Month and Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason For Leaving
Company Name	Telephone
Address	Employed (State Month and Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason For Leaving

Applicants are hereby notified that this institution does not discriminate on the basis of race, color, national origin, sex, age, or handicap. Any person having inquiries concerning compliance with the regulations implementing Title VI, Title IX, or Section 504 is directed to contact Dr. John W. Hood, P.O. Box 179, Licking, Missouri 65542, (573) 674-2911 or the Assistant Secretary for Civil Rights, U.S. Department of Education.

**SIGNATURE**

The information provided in the Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

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 Signature

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 Date