

Application Form for Support Staff
Elba Public Schools
Elba NE. 68835 (308) 863-2228
Fax (308-863-2329

POSITION APPLYING FOR: _____

DATE: _____

PERSONAL INFORMATION:

First Name _____

Middle Name _____

Last Name _____

SS# _____

Drivers License# _____

Street Address

City, State, Zip Code

Home Phone Number

Cell Phone Number

(____) _____

(____) _____

Email Address

Are you eligible to work in the United States?

Yes _____ No _____

If you are under age 18, do you have an employment/age certificate?

Yes ____ No ____

Have you been convicted of a felony?

Yes _____ No _____

If yes, please explain:

Education and Technical Training

School Name	Location (City/State)	Dates Attended	Credits/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Send copies of training certificates, diplomas and transcripts, if applicable).

Skills and Qualifications: Licenses, Skills, Training, Awards

(Attach work samples, etc).

EMPLOYMENT HISTORY:

Employer	Dates	Job Duties	Supervisor	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

May We Contact Your Present Employer?

Yes _____ No _____

References: List references and phone numbers who know your work skills. Family members and relatives are not used as work references.

Name	Position	Organization	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Applicants may be tested for illegal Drugs.
I hereby attest the information in this application is accurate and true. I understand any false information is a basis to disqualify me from consideration of employment or to terminate me after employment.**

Signature _____

Date _____