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Current Position Applied For:						River .	
Date:	Date Available for Work:						(((((((((((((((((((
Name:			SSN	:			wa · Aulada
		Maider	n Name	:			
Address:			emai	:			
			phone	:			
		Date	of Birth	:			
Have you ev	er been convic	ted of a felony, o	r plead	guilty or no	contest, i	including forf	eiture of
bail? (Conviction will not be an absolute bar to employment). Yes					No _		
Are you able to perform the specific Job Posting? Yes					No _		
lf r	no, explain:						
Do you have a valid AK drivers license?					Yes _	No _	
If y	es, What is yo	ur license #:			expiration	date:	
Do you have	a high school	Diploma?			Yes _	No _	
Do you have	a GED?				Yes _	No _	
lf r	no to either que	estion above, wh	at is the	e highest gra	ade you c	ompleted? _	
If y	es to either qu	estion above, w	hat dat	e did your re	eceive dipl	oma / GED?	
List any cour	rses related to p	oosition:	L	ist any equi _l	oment tha	t you are qua	lified to:
			[operate		repair	
Education &	Training After H	l	L				
Name & Loca		Dates Attended	Credits	Degree / Y	 ′ear	Major / Subje	ects

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Employment History. Include all jobs within the past 5 years. include others if relevant.

Employer:	Dates From/ to/
Address:	Part Time or Full Time (Circle One)
Phone:	Supervisor:
Job Title:	May we contact your employer: Yes No
Duties:	
Reason for Leaving:	
Employer:	Dates From/ to/
Address:	Part Time or Full Time (Circle One)
Phone:	Supervisor:
Job Title:	May we contact your employer: Yes No
Duties:	
Reason for Leaving:	
Employer:	Dates From/ to/
Employer: Address:	Dates From/ to/ Part Time or Full Time (Circle One)
	Part Time or Full Time
Address:	Part Time or Full Time (Circle One)
Address: Phone:	Part Time or Full Time (Circle One) Supervisor:
Address: Phone: Job Title:	Part Time or Full Time (Circle One) Supervisor:
Address: Phone: Job Title: Duties:	Part Time or Full Time (Circle One) Supervisor:
Address: Phone: Job Title: Duties: Reason for Leaving:	Part Time or Full Time (Circle One) Supervisor: May we contact your employer: Yes No
Address: Phone: Job Title: Duties: Reason for Leaving: Employer:	Part Time or Full Time (Circle One) Supervisor: May we contact your employer: Yes No Dates From / to / Part Time or Full Time
Address: Phone: Job Title: Duties: Reason for Leaving: Employer: Address:	Part Time or Full Time (Circle One) Supervisor: May we contact your employer: Yes No Dates From / to / Part Time or Full Time (Circle One)
Address: Phone: Job Title: Duties: Reason for Leaving: Employer: Address: Phone:	Part Time or Full Time (Circle One) Supervisor: May we contact your employer: Yes No Dates From / to / Part Time or Full Time (Circle One) Supervisor:

Print additional pages if needed.

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Applicant Certification:

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and that i have not knowingly withheld any fact or circumstance. I understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of application or removal from employment. I authorize my present and previous employers to release to the Kuspuk School District any information they may have regarding my character or my employment record and release said employers from damage or claim for furnishing said information. I agree to submit to any physical or mental examination required. I understand that a criminal background check may be performed.

Affirmative Action Survey:

The Kuspuk District does not discriminate in hiring or employment on the basis of race, color, religion, gender, national origin, age, disability, veteran status, or status with any other protected group. No questions on this application are intended to secure information to be used for such discrimination.

Government agencies require periodic reports on gender, enthicity, disability, and veteran status of applicants and employees.

This data is for analysis only. Submission of Information is voluntary.

Gender - Check one:	Male: _	
	Female: _	
Race/Ethnic Group - Check one:	Alaska Native / American Indian:	
	Asian / Pacific Islander:	
	Black: _	
	Caucasian (White):	
	Hispanic: _	
	Other: _	
Check any if applicable:	Armed Services Veteran:	
	Disabled Individual:	

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