

Roberts School District 5

106 Maple Street, PO Box 78 ~Roberts, MT 59070

www.RobertsSchool.com

406-445-2421



Employment Application



We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, disability, sexual orientation, or any other basis prohibited by federal or state law.

Please Complete in full (even if a resume is attached) PRINT – using ink.

PERSONAL INFORMATION

Today's Date:

Last	First	Middle	Social Security Number
Street Address		Telephone (Day)	
City, State, Zip		Telephone (Evening / Cell)	
Email Address		Date of Birth	

EMPLOYMENT DESIRED

Position	Pay Expected	Date you can start

EDUCATION

School	Name and Location	Course of Study	# of Years Completed	Did You Graduate? Degree/Diploma
High School				
College				
Other				

Other names used while employed or in school _____

Have you ever been employed by the Roberts School District? ____ Yes No

If yes, what position(s) and dates? _____

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? ____ Yes No

If yes, what was the crime, and when and where were you convicted*?

_____ *A conviction will not necessarily disqualify an applicant for employment. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offence to the position applied for may, however, be considered.

FORMER EMPLOYERS List below current and last three employers, starting with the most recent one first. Include military experience.

Date (MM/DD/YY)

1

2

3

4

REFERENCES List below the names of three professionals or personal references, whom you have known at least one year.

Name	Address and Phone Number	Business	Years Acquainted? Relationship?
1.			
2.			
3.			

- I declare that the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of my employment.
- I authorize you to verify any and all information listed above, including references, employment history, and education. I release all parties from all liability from any damage that may result from furnishing the requested information to you.

Signature _____

Date _____