COMPANY OR EMPLOYER NAME:			POSITION APPLIED FOR:				
Employ	mont Annl	iootio	APPL	ICANT TELEPHONE	E:		
Employ	ment Appl	icalio	SOCIAL	SECURITY NUMBER	R:		
YOUR NAME: Last		First		Middle	0		
ADDRESS:		ARE YOU	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?  Yes No (If yes, verification will be required.)				
		_					
			KING A PERMAN	ENT POSITION: JOB I AM ABLE TO:	Yes No		
			ork (which shifts)?	JOB I AM ABLE TO:			
Are you able to perform of the position with or wi		Work overtime?					
Yes		Pro	vide a valid South I	Dakota Drivers Licenso	e?		
	JOB, ARE YOU OVER (Please mark	,		18 19 21_			
EDUCATION:			Yrs. Completed	Field of Study	Graduate or Degree		
High School							
College/University							
Business/Technical							
Other (May include grammar sch	nool)						
Duty/Specialized Training:  REFERENCES: List two per	sonal references who are not relative	s or former supervise	ors.				
Name	Address	<del></del>	Telephone	Occupation	Years known		
Name	Address		Telephone	Occupation	Years known		
to this j	t employment first. Include summer o job are listed here, in the summary (for summary (for position Title/Du	ollowing this section).			ary.		
Employer Name and Address	S Position Title/Du	ues skiiis			Dates Employed from to		
					Reason for leaving		
	Supervisor's Nar	ne:	Telepho	one:			
					<u> </u>		
Employer Name and Address	s Position Title/Du	ties Skills			Dates Employed		
					from to		
					Reason for leaving		
	Supervisor's Nar	ne:	Telepho	one:	1		

EMPLOYMENT CONTINUED					
Employer Name and Address	Position Title/Duties Skills	Position Title/Duties Skills			
			Reason for	leaving	
	Supervisor's Name:	Telephone:			
Employer Name and Address	Position Title/Duties Skills		Dates Empl from	loyed to	
			Reason for	leaving	
	Supervisor's Name:	Telephone:			
Summarize other employment related to this job:					
Types of computers and computer software equipment that you are qualified to operate.					
Typing speed: per minute.					
Professional Licenses, Certifications or Re	gistrations:				
Additional skills including supervision skills regarding the career/occupation you wish to					
In case of accident or illness please contact	ot: Name:	Day	time phone:		
Address:	D <sub>0</sub>	Relationship:			
Address.		T.C.	iationariip.		
Information to the applicant: As part of or references may be checked. If you have mit may be discharged from your job. You may	isrepresented or omitted any facts on this a	pplication, and are subsequently hired	d, you		
If you are employed, you will be required to have a physical examination and a background are supported by the support of the support		of authorization to work for the Winne	er School District,		
I understand and agree to the information s	hown above:				
Signature: Date:					
<b>Equal Employment Opportunity:</b> While employers are required to provide equal em reporting purposes only. This information is	nployment opportunity and may ask your na	itional origin, race and sex for planning	g and		
Employer Section:					