Independent School District No. 813

District Office - 300 South Garden Street - 651-345-2198 Lincoln High School - 300 South Garden Street - 651-345-4553 Bluff View Elementary - 1156 W. Lakewood Ave. - 651-345-4551 P. O. Box 454 / Lake City, MN 55041-0454 www.lake-city.k12.mn.us

EMPLOYMENT APPLICATION

ne:		Date:		
ress:				
Street	City	State	Zip	
ne:				
tion applying for:				
<u>ıcation:</u> (If you need m	ore space, please attach	the information on a s	eparate sheet.	
High School (number	of years):	Graduate (circle): `	Yes No	
Colleges/Tech Progra	ms:	Para Pro Test: _		
	(number of years) n School:		(yes/no)	
	/State:			
Areas of Concentration	on:			
oloyment History:				
	e:			
	isor:			
	To:			
Duties:				

2.	Employer:	_
	Phone:	
	Immediate Supervisor:	
	From (dates): To:	
	Duties:	
	,	
	Reason for leaving:	
3.	Employer:	
	Phone:	
	Immediate Supervisor:	
	From (dates): To:	
	Duties:	
	Reason for leaving:	
Are you	a veteran? Yes No	
What skil	ls do you possess that you believe would be valuable to this position?	
Referen	ces:	
Name	Phone	
		_