



**UNION SCHOOL**  
 Route de Canape-Vert, Juvenat  
 (509)2943-4923/2943-1972/2943-2194  
 AdvancED-SACS-CASI

**APPLICATION FOR EMPLOYMENT FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Date of application: \_\_\_\_\_ Date available for employment: \_\_\_\_\_  
 Current address: \_\_\_\_\_  
 Telephone Home: \_\_\_\_\_ Cellular: \_\_\_\_\_ Office: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ NIF/Social Security # \_\_\_\_\_  
 Passport No: \_\_\_\_\_ Driving License (Type): \_\_\_\_\_

**POSITION FOR WHICH YOU ARE APPLYING FOR:**

\_\_\_\_\_

**WORK PRIORITIES (in the case that your first choice of position is not available)**

First Preference: \_\_\_\_\_ Second Preference: \_\_\_\_\_  
 Third Preference: \_\_\_\_\_ Fourth Preference \_\_\_\_\_

**ACADEMIC QUALIFICATIONS (Please list the most recent first)**

Institution Attended	From To Graduation	Date Title Attained

**COMPUTER RELATED COURSES (Please indicate level attained i.e. basic/adequate/experienced)**

Course	(Program/Application)	School Level

**LANGUAGES (Please specify your level for Read, Write and Speak – either Basic, Confident or Fluent)**

Language	Read	Write	Speak

**WORK EXPERIENCE**

Please list your previous work experience beginning from the most recent:

Employer	Position	Supervisor	Telephone	Length of Time

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are employed, may we contact your supervisor, mentioning that you might wish to explore a position at Union School and ask for a reference? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

If you were not employed within the last two (2) years, please state the reason why.

\_\_\_\_\_

Please list any other special skills which might be helpful in our areas or positions of the school:

\_\_\_\_\_

Hobbies and interests:

\_\_\_\_\_

Have you had any illnesses or been hospitalized in the past five years? No \_\_\_\_ Yes \_\_\_\_ If yes please list;

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all medications currently prescribed for you. (Keep in mind that all medications are not always available locally)

Medication Name	Dosage	Frequency	Reason for Use

Have you ever been arrested and/ or convicted of a crime or had any legal actions taken against you? If so give date and the reason as to why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I, hereby certify that all statements made herein are true and correct to the best of my knowledge, and authorize investigation of any statement made.**

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_