



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: _____