

Work History (include U.S. military service as an employer, showing type of discharge)

Name of present or last employer					Address	
Starting Date		Leaving Date		Starting Pay	Final Pay	Reason for Leaving
Month	Year	Month	Year			
Job Title		Name of Supervisor			Supervisor's Title	May we contact?
Description of work and responsibilities:						

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Description of work and responsibilities:						

Are you willing to submit to a physical examination? Yes _____ No _____

Do you have any physical handicap or limitations that will preclude you from performing the job for which you are applying? Yes _____ No _____

List three references who are not relatives or a former employer:

(Name)	(Phone)	(Occupation)	(Years Known)
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(Name)	(Phone)	(Occupation)	(Years Known)
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(Name)	(Phone)	(Occupation)	(Years Known)
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Position(s) desired: _____

List any experiences, skills, or qualifications you feel would especially fit you for work with this school, including operation of office machines: _____

Shorthand _____ WPM Keyboarding _____ WPM

Do you hold any licenses or certificates? If yes, please list. _____

Please circle any sports you are qualified by preparation or experience to coach:

Football	Basketball	Wrestling	Baseball	Golf
Volleyball	Track	Swimming	Gymnastics	Tennis
Baseball	Soccer			

