

Application For Support Personnel

**Hilldale Public Schools
District I-29
500 East Smith Ferry Road
Muskogee, OK 74403
(918) 683-0273**

Position for which you are applying	<input type="checkbox"/> Full Time	Today's Date	Date Available for Work
	<input type="checkbox"/> Part Time		

Name Address and Personal Data

Please Circle Mr. Mrs. Ms.	Last Name	First Name	Middle Name	Social Security Number
-------------------------------------	-----------	------------	-------------	------------------------

Present Address (# and street, city, state, and zip code)	How long?	Telephone Number (include area code)
		Home:
		Work:
		Cell:

Previous Address	How long?
------------------	-----------

If you are not a U.S. citizen, are you permitted to accept permanent employment in the USA? YES NO

If yes, any offer of employment will be contingent upon submission of proof of acceptable Visa or Work Permit

Were you previously employed by Hilldale Public Schools? YES NO

If yes, what position and location.

Names and location of any relatives employed by Hilldale Public Schools?

Educational Background

Name of School	Courses taken	Degree or Diploma	How long attended
----------------	---------------	-------------------	-------------------

From:	Name of Company and Address	Name and Title of Supervisor	Starting Salary:
-------	-----------------------------	------------------------------	------------------

To: _____ Ending Salary: _____

Starting Position:	Last Position	Reason for Leaving
--------------------	---------------	--------------------

From:	Name of Company and Address	Name and Title of Supervisor	Starting Salary:
-------	-----------------------------	------------------------------	------------------

To: _____ Ending Salary: _____

Starting Position:	Last Position	Reason for Leaving
--------------------	---------------	--------------------

From:	Name of Company and Address	Name and Title of Supervisor	Starting Salary:
-------	-----------------------------	------------------------------	------------------

To: _____ Ending Salary: _____

Starting Position:	Last Position	Reason for Leaving
--------------------	---------------	--------------------

Name	Address	Phone	Occupation	Reference Checked (Date)
------	---------	-------	------------	--------------------------

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand and agree that any misrepresentation by me in this application will be sufficient cause for its cancellation or for dismissal from the company service if I am employed. I authorize my former employers or schools to furnish information requested by Hilldale School District in connection with this application.

Signature _____ Date _____

Hilldale Public Schools is an equal opportunity employer.