

APPLICATION For Classified Employment

FOR EMPLOYMENT WITH THE DELL RAPIDS SCHOOL DISTRICT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Last Name	First Name	Middle Int.	
Address	City	State	Zip Code
Telephone Number (Daytime)		Telephone Number (Evening)	
Date of Application		E-Mail Address (for confirmation)	

Position(s) for which you are applying:

Clerical	Education Assistant	Substitute (classroom)
	Elementary	
Food Service	Secondary	Substitute (food service)
	Special Ed	
Custodial	Custodial Cleaner	Coaching/Activity
		Specify:

Federal law obligates us to provide reasonable accommodation to the known disabilities of the Applicants, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process.

The Dell Rapids School District is an equal opportunity employer providing opportunities for employment without regard to race, color, creed, religion, age, gender, disability, national origin, or ancestry.

Inquiries concerning the application of Title IX, Section 504 or Title VI, or the Americans with Disabilities Act of 1992 may be referred to Superintendent Tom Ludens at 1216 N. Garfield, Dell Rapids, SD 57022 (PH: 605/428-5473) or to the US Department of Education, Office for Civil Rights, 10220 North Executive Hills Blvd., 8th Floor, Kansas City, MO 64153-1367, (PH: 816/880-42-2, TDD: 816/891-0582, FAX: 816/891-0644.

Educational Record

School	Name and Address	Major Subjects	Degree
High School			
Technical/ College/University			
Other			

Activities and Honors

(You may exclude memberships, which would reveal race, color, national origin, gender, age or disabilities).

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment for the position that you are applying or other experience.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer		Address		Telephone Number(s)
Job Title		Supervisor's Name		Number of Years
Hourly Rate/Salary		Dates Employed		Work Performed
Starting	Final	From	To	
Reason(s) for Leaving				

Employer		Address		Telephone Number(s)
Job Title		Supervisor's Name		Number of Years
Hourly Rate/Salary		Dates Employed		Work Performed
Starting	Final	From	To	
Reason(s) for Leaving				

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Hourly Rate/Salary		Dates Employed		Work Performed
Starting	Final	From	To	
Reason(s) for Leaving				

References

Give Name, address, and telephone number of three references who are not relatives or personal friends.

- 1.
- 2.
- 3.

Employment Questions

Best time to contact you at home is:

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

If yes, give date

Yes No

Have you ever been employed with us before?

If yes, give dates

Yes No

Do any of your friends or relatives, other than spouse, work here? If yes, state name, relationship and location	Yes	No
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	Yes	No
Date available for work	What is your desired salary	
Are you currently on "lay-off" status and subject to recall?	Yes	No
Have you ever been convicted of a felony? If yes, please explain.	Yes	No

APPLICANT INFORMATION

Due to the number of applicants, we are unable to inform you of openings. It will be your responsibility to check with this office for information on current openings. The number is (605) 428-5473. Other than some substitute positions, we do not interview unless a specific position is open.

It is your responsibility to update your application with our office. Applications will remain in active status through December 31 of each year, unless renewed at the request of the applicant.

I authorize the Dell Rapids School District to make any investigation of any personal, educational, vocational, or employment history. I further authorize any current or former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the Dell Rapids School District with information they have regarding me. I hereby release and discharge the Dell Rapids School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that falsification of any part of this application, including any accompanying inserts, shall be sufficient cause for dismissal. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me. Further, I understand the Dell Rapids School District is drug free/smoke free/tobacco free and that any offer of employment is conditional based upon a completed criminal background check.

Applicant Signature

Date