

Standish-Sterling Community Schools

3789 Wyatt Road Standish, Michigan 48658

(989) 846-3670



Standish-Sterling Community School District is an Equal Opportunity Employer

Personal Information						
reisonal information						
Name (Last, First, Middle):				Date:		
Home Address:						
City:			S	State: Zip:		
Home Phone:			В	Business Phone:		
Position You Are Applying	g For					
Bus Driver	Cafeteria	Clerical	Custodian	Mechanic	Paraprofessional	
Are you available to work as a substitute? Circle one:			Y	es	No	
Referred by:			D	Date Available:		
Education Record						
High School (Name, City, State):						
Business or Technical School (Name, City, State):						
Degree Earned:						
College (Name, City, State):						
Degree, Major:						

(please turn to next page)

Work History (give information about your last 3 jobs, starting with the most recent)				
1-Employer	Dates Employed:			
Address:				
Phone:	Ending Salary:			
Title/Duties:				
Manager's Name and Title:				
Reason for Leaving:				
2 -Employer	Dates Employed:			
Address:				
Phone:	Ending Salary:			
Title/Duties:				
Manager's Name and Title:				
Reason for Leaving:				
3-Employer	Dates Employed:			
Address:				
Phone:	Ending Salary:			
Title/Duties:				
Manager's Name and Title:				
Reason for Leaving:				

Applicants are encouraged to submit additional references and information that may assist with the assessment of this employment application.

In accepting this application, the Board of Education makes no agreement relative to employment nor agrees to offer any preference of employment based on date of filing application. Any misrepresentation, misleading or untruthful statement or omission will result in termination of employment.

Deferences (if applying for your first job, you may use academic	weference)					
References (if applying for your first job, you may use academic	references)	References (if applying for your first job, you may use academic references)				
1-Name:						
Work Phone:	Home Phone:					
Address:						
City:	State:	Zip:				
Relationship to You:						
2-Name:						
Work Phone:	Home Phone:					
Address:						
City:	State:	Zip:				
Relationship to You:						
3-Name:						
Work Phone:	Home Phone:	Home Phone:				
Address:						
City:	State:	Zip:				
Relationship to You:						
Please Read and Sign						
In connection with my application for employment (including convestigative background inquiries are to be made on myself include other reports. These reports will include information as to my character along with reasons for termination of employment from previous of requesting information from various Federal, State, and other agantivities relating to my driving, credit, criminal, civil, and other experinsurance companies. I authorize, without reservation, any party or agency contacted information.	ling criminal convicter, work habits, pe employers. Further gencies that mainta riences as well as	ctions, motor vehicle reports, and erformance, and other experience, I understand that you may be ain records concerning my past claims involving me in the files of				
Signature:		Date:				

Employment Application Revised 2/2000