

NORTHWEST ARCTIC BOROUGH SCHOOL DISTRICT

P.O. Box 51

Kotzebue, Alaska 99752

Phone (907) 442-3472 x 242 Fax (907) 442-2172

AN AFFIRMATIVE ACTION, EQUAL OPPORTUNITY EMPLOYER

CLASSIFIED
APPLICATION FOR EMPLOYMENT

NAME _____ DATE _____
(Last) (First) (Middle I.)

MAIDEN NAME: _____ HOME PHONE _____

CELL PHONE _____

MAILING ADDRESS: _____

HOME ADDRESS: _____

(City) (State) (Zip Code)

DAYTIME CONTACT TELEPHONE(S) _____ CONTACT PERSON _____

_____ CONTACT PERSON _____

1. POSITION APPLIED FOR: **Note:** A separate application will be needed for each position which has a job description with decidedly different job specifications. Applications are kept on file for one year. A new application with up-dated information will be necessary after this date.

DATE _____ POSITION TITLE _____ LOCATION _____

DATE _____ POSITION TITLE _____ LOCATION _____

DATE _____ POSITION TITLE _____ LOCATION _____

2. EDUCATION, TRAINING, AND EXPERIENCE:

A. Elementary and High School:

State the highest year or grade level of high school completed: _____

Do you have a HS diploma, GED, or equivalent? _____ YES _____ NO

Date of last attendance _____ Name and address of last school attended _____

High School Name	Location (City and State)	Dates Attended (MO/day/YR)	Diploma Year earned	GED Year earned	Graduation Date

B. Post-Secondary Education/Training:

Trade or Technical Schools

Name of School Trade/Technical School	Location City/State	Dates attended (Mo/Day/Yr) From / To	Course Completed	Diploma/Certificate Completed (Mo/Day/Yr)
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University or Colleges

Name of College Or University	Location City/State	Dates attended (Mo/Day/Yr) From / To	Credits Qtr. Sem.	Degree/Major Completed (Mo/Day/Yr)
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Total semester hours earned since most recent degree _____ (Quarter hour equals 2/3 semester hour)

3. EMPLOYMENT HISTORY: 1. Include all jobs held within the past five years, especially any jobs that have a relationship to the job applied for. 2. Start with your present or last job and work backwards. 3. Include any period of unemployment over three months. (USE EXTRA PAGES IF NECESSARY.)

PRESENT OR LAST JOB:

1. Employing Firm: _____ Dates Worked: (From) _____ (To) _____
Complete Address: _____ Supervisor's Name: _____ Phone: _____
Job Title: _____ Hours Worked Per Week: _____ Job Duties _____
Number of Employees You Supervised: _____
Reason for Leaving: _____

2. Employing Firm: _____ Dates Worked: (From) _____ (To) _____
Complete Address: _____ Supervisor's Name: _____ Phone: _____
Job Title: _____ Hours Worked Per Week: _____ Job Duties _____
Number of Employees You Supervised: _____
Reason for Leaving: _____

3. Employing Firm: _____ Dates Worked: (From) _____ (To) _____
Complete Address: _____ Supervisor's Name: _____ Phone: _____
Job Title: _____ Hours Worked Per Week: _____ Job Duties _____
Number of Employees You Supervised: _____
Reason for Leaving: _____

