

LaMoure Public School

Employment Application

The mission of the LaMoure Public School is to use our resources and abilities to educate all students to reach their greatest potential.

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: () Date Available:

E-mail Address:

Position Applied for:

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for LaMoure School?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		
Have you ever been convicted of child abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Military: Were you honorably discharged?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been convicted of sexual harassment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a disabled veteran?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Education

High School: Address:

From: To: Did you graduate? YES NO Diploma:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

References

Please list three professional references.

1 - Full Name: Relationship:

Company: Phone: ()

Address:

2 - Full Name: Relationship:

Company: Phone: ()

Address:

3 - Full Name: Relationship:

Company: Phone: ()

Address:

Previous Employment

Most Recent
Employer: Phone: ()
Address: Supervisor:
Job Title: Starting Salary: \$ Ending Salary: \$
Responsibilities:
From: To: Reason for Leaving:

Previous
Employer: Phone: ()
Address: Supervisor:
Job Title: Starting Salary: \$ Ending Salary: \$
Responsibilities:
From: To: Reason for Leaving:

Previous
Employer: Phone: ()
Address: Supervisor:
Job Title: Starting Salary: \$ Ending Salary: \$
Responsibilities:
From: To: Reason for Leaving:

Certification/Qualification

North Dakota Teaching Certificate: Number _____ Level _____ Expiration Date _____
List any other instructional or special education certifications, endorsements or qualifications which you may have.

Applicants who are considered as the final applicant for position applied for are subject to background checks set forth by the LaMoure School Board Policy and the North Dakota Education Standards & Practices Board.

Send to: LaMoure Public School
Superintendent
PO Box 656
LaMoure, ND 58458