

Edgemont School District
605-662-7254
PO Box 29, 715 Mogul Way, Edgemont SD 57735

Classified Staff Application

DATE _____

Name _____
Last First MI

Address _____ City _____ State _____ Zip _____

Telephone Number: home _____ Cell _____ Best time to call _____

Position(s) for which you are applying

- ____ Substitute
- ____ Teacher Aide
- ____ Custodial

Education Level (please check one)

- ____ High School
- ____ Bachelors Degree (not in Education)
- ____ Other
- ____ Bachelors Degree in Education

(if applying for substitute or teacher aide) Do you have a valid teaching certificate _____
Expiration Date _____

List information regarding you interest, abilities, experience, etc. which you feel have a bearing on your qualifications for this position. _____

Write a statement about why you are interested in working in the Edgemont School District 23-1.

Do you have any past or current physical or mental health conditions which may affect the performance of your work? ____yes ____no If yes, please explain: _____

ATTACH A COPY OF YOUR EDUCATION TRANSCRIPT
(High School, College, Etc.)

EDUCATION

Name & Location	From – To	Degrees	Date Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE

Begin with the most recent job.

Name/Address of Employer	Dates Employed	Nature of Work	Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

Full Name	Title	Address, city, State, ZIP	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I verify that the information given by me in this application is true, accurate and complete. I understand that if I have given any false information on this application or if I have omitted any material fact, I may be disqualified from employment with the Edgemont School District, or if hired, I may be discharged upon discovery of such false statement(s) or omission(s). I understand that my employment with the Edgemont School District will be subject to a reference/background check. I hereby authorize Edgemont School District to investigate the truthfulness of all statements made on this application and/or contact my former employers and other listed references or any other person who can verify any information submitted to Edgemont School District in support of my application for employment. I hereby waive any right that I may have against any person contact by Edgemont School District, including former employers who provide information concerning this application and I release each said person from liability for providing information.

Signature _____
Date

The Edgemont School District is an equal opportunity employer. The Edgemont School District does not discriminate against any employee on the basis of sex, race, religion, national origin, age height, weight, marital status or handicap/disability unrelated to the employee's ability to perform his/her job.

-----PERSONNEL OFFICE USE ONLY-----

Position(s) applied for _____ Date application received _____
Employed ____no ____yes Position Employed _____ Date Employed _____