

SISSETON SCHOOL DISTRICT #54-2

516 8th Ave W

Sisseton, SD 57262

Phone: 605-698-7613 Fax: 605-698-3032

APPLICATION FOR CLASSIFIED/NON-CERTIFIED EMPLOYMENT

Position Desired: _____ Date of Application: _____

Name: _____ Phone Number: _____

Present Address: _____

Permanent Address: (if different than above): _____

Date available for employment: _____ E-mail Address: _____

EDUCATION

(Please include high school)

(List most recent first)

Name of School	City/State	Dates	Degree	Major	Minor
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

REFERENCES

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY
(Please list your last 3 employers)

(List most recent first)

Position	Employment Dates	Company/Business	Supervisor	Phone #

Are you legally able to work in the United States? Yes _____ No _____

Have you ever been convicted of a violation of law other than a minor traffic violation, had a professional certificate revoked or suspended, convicted of any offense for physical or sexual abuse of a child, had a charge of child abuse against you substantiated, or been involuntarily terminated or asked to leave employment at another school district?

Yes _____ (If yes, please explain on a separate sheet) No _____

APPLICANT'S CERTIFICATE AND RELEASE

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate, and complete. I authorize the investigation of all statements herein and understand that any document to this information may be reviewed by the agents of Sisseton School District #54-2. I authorize the Sisseton School District #54-2 to conduct reference checks and past employment inquiries prior to employment, and I will execute such documents as needed to facilitate this investigation.

Before employment can be finalized, I must pass a background investigation. All necessary certification/license and official transcripts must be provided. The Sisseton School Board must approve my employment. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

Signature of Applicant Date

Return this application to: Superintendent's Office
Sisseton School District #54-2
516 8th Ave West
Sisseton, SD 57262

***The Sisseton School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. ***