NASHUA SCHOOL DISTRICT 13E

Personnel Services

PO Box 170, Nashua, MT 59248 • Tel: 406-746-3411 • Fax: 406-746-3458

APPLICATION for EMPLOYMENT - SUBSTITUTE

Ро	sition Title:			<u></u>
1	Applicant's Name:			
Τ.	Last	First	Middle	
2.	Applicant's Address:			
	Street		City	State/Zip
	Applicant's Phone:			
3.	Education: Fill-in this section completely,	including dates.		
	Name of School Attended	Dates Attended	City and State	Diploma / GED or Certificate
Hi	gh School or Equivalent:	<u> </u>		(Yes or No)
Co	ollege or University:			
Te	echnical School:			
4.	Describe any other training and/or exwhich you are applying (secretarial – of	=	= = = = = = = = = = = = = = = = = = = =	-
5.	If you have supervised people, indica	te how many and	d in what way.	
6.	If you have been unemployed in the	past ten years, in	dicate reasons (illnes	s, schooling, etc.)

-	ou ever been discharge sfactory service?	ed or ordered	to resign from an	y position	for mis	sconduct or				
8. Have you ever been convicted of a misdemeanor or felony charge involving drug sal or possession, or any kind of abuse of a minor? No Yes										
drug u	u presently the subject se, sale or possession, o , what are the circumst	or any kind of		_	-	-				
<u>-</u>	yment Record: List work	- 		rith present of Supervi		-				
Dates	Name of Employer	Location	Type of work	Nam	e	Phone #				
1. List thi	ree personal references	:								
Name		Address			Phone #					
or those job ne medical creening, th he unders	employment may be condition os for which medical verificate certificate at his or her own the employer must pay for the signed hereby verifies the anderstands that any misi	tion is important expense. If, how at procedure.	(i.e. custodian), the elever, the school disti	employee m rict requires absolutely	ay be req a speciali y true a	uired to provid zed medical nd correct. 1				
	missal from employment.	-	on ans form of the	uue III tile (applicati	on process II				
 pplicant's	Signature			 Date Signed						