

**NASHUA SCHOOL DISTRICT 13E**

Personnel Services

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

**APPLICATION for CLASSIFIED EMPLOYMENT**

**Position Title:** \_\_\_\_\_

**1. Applicant's Name:** \_\_\_\_\_  
*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 (Yes or No)
High School or Equivalent:			

College or University:			

Technical School:			

**4. Describe any other training and/or experience which may be useful to you on the job for which you are applying (secretarial – office skills; custodial – electrical, plumbing, carpentry skills; etc.).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. If you have supervised people, indicate how many and in what way.**

\_\_\_\_\_  
\_\_\_\_\_

**6. If you have been unemployed in the past ten years, indicate reasons (illness, schooling, etc.)**

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7. Have you ever been discharged or ordered to resign from any position for misconduct or unsatisfactory service?

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8. Have you ever been convicted of a misdemeanor or felony charge involving drug sales, use or possession, or any kind of abuse of a minor? No \_\_\_\_\_ Yes \_\_\_\_\_

9. Are you presently the subject of any unresolved criminal investigation into possible theft, drug use, sale or possession, or any kind of abuse of a minor? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, what are the circumstances ? \_\_\_\_\_

10. Employment Record: List work history for the last 5 jobs, starting with present or most recent position.

Dates	Name of Employer	Location	Type of work	Supervisor's Name	Phone #

11. List three personal references:

Name	Address	Phone #

An offer of employment may be conditional upon medical verification of ability to perform the job duties.

For those jobs for which medical verification is important (i.e. custodian), the employee may be required to provide the medical certificate at his or her own expense. If, however, the school district requires a specialized medical screening, the employer must pay for that procedure.

**The undersigned hereby verifies that the foregoing information is absolutely true and correct. The applicant understands that any misrepresentation on this form or made in the application process may lead to dismissal from employment.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed