

IV. WORK EXPERIENCE

Include all of your last five employers starting with your current or most recent employer. Omission of prior employment or false reasons for leaving may be considered falsification of information.

Start Date	End Date	Position (also state if full or part-time)	Duties	Name, Mailing Address and Telephone of Employer	Reason for Leaving

V. SKILLS

List technical skills, clerical skills, trade skills relevant to the Position(s) for which you have applied. Identify other credentials, licenses, professional affiliations, etc. relevant to the Position(s)

VI. REFERENCES

List names and addresses of persons who are qualified to answer questions concerning your fitness for the position you seek.

Name	Relationship (e.g. supervisor, friend)	Contact Info: Telephone & Complete Mailing Address

**Criminal History Disclosure and
Acknowledgment and Authorization
For Criminal Background Check**

Criminal History Disclosure

Have you been convicted of a felony or misdemeanor in the last seven years? _____ Yes _____ No

(Convictions do not necessarily bar you from employment, but will be considered as part of the totality of your suitability. You are not obligated to disclose any offense for which the record has been sealed. The School District is not asking you to disclose the contents or details of any sealed records or that any sealed records exist.)

If yes, please explain: _____

Acknowledgment and Authorization for Criminal Background Check

As a condition of my candidacy for employment with the School District, I understand that the School District will conduct a criminal background check for employment purposes.

By signing this Acknowledgment and Authorization, I authorize the School District, or any other company authorized by the School District, to access such information as may be necessary to complete a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify the School District, or any other company authorized by the School District, against any liability which may result from making such requests. I agree that a fax or photocopy of the Acknowledgment and Authorization with my signature will be accepted with the same authority as the original.

I believe to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of this Acknowledgment and Authorization.

Printed Name: _____

Other Names Used: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Social Security Number: _____ Date of Birth: _____

Sex: _____ Race: _____ Driver's License Number and State: _____

Signature: _____ Date: _____