



OAKES PUBLIC SCHOOLS

804 Main Ave – Oakes ND 58474

Phone: 701-742-3234 – Fax: 701-742-2812 – www.oakes.k12.nd.us

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR:					
GENERAL INFORMATION					
Name (Last)		(First)	(Middle Initial)		Telephone
Mailing Address		City	State	Zip	Alt. Telephone
Email Address		Are you legally entitled to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date You Can Start	Days Available:			Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
Do you have a valid driver license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Drive License Class		State	
Driver Endorsements	Check all that apply: <input type="checkbox"/> Tanker Vehicles <input type="checkbox"/> Double & Triple Trailers <input type="checkbox"/> Hazardous <input type="checkbox"/> School Bus <input type="checkbox"/> Passenger Bus				
EDUCATION, TRAINING, CERTIFICATIONS					
Do you have a High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Education AFTER High School (most recent first)					
Name of School, City, State		Graduated	Earned Degree	Major or Course of Study	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Occupational License, Certificate or Registration		Number	Issued By	Expiration Date	
Are you a US Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Describe volunteer work, community involvement, hobbies or other qualifications or skills:					

WORK EXPERIENCE		
Employer	Telephone Number	Dates Employed (Month/Year)
Address/City/State		
Job Title	Hours Per Week	
Duties/Skills/Equipment and Software Used:	Last Salary	
	Supervisor	
	Reason for Leaving:	
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	Dates Employed (Month/Year)
Address/City/State		
Job Title	Hours Per Week	
Duties/Skills/Equipment and Software Used:	Last Salary	
	Supervisor	
	Reason for Leaving:	
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	Dates Employed (Month/Year)
Address/City/State		
Job Title	Hours Per Week	
Duties/Skills/Equipment and Software Used:	Last Salary	
	Supervisor	
	Reason for Leaving:	
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
REFERENCES		
Name	Address/City/State	Telephone
<p>I certify the information contained in this application is true, correct, and complete. I understand that if I become employed, false statements reported on this application may be sufficient cause for dismissal.</p> <p>Applicant Signature: _____ Date: _____</p>		