

SCHOOL DISTRICT OF SEVASTOPOL

Support Staff Application Form

NAME _____

ADDRESS/CITY/STATE/ZIP _____

TELEPHONE _____ EMAIL ADDRESS _____

APPLYING FOR THE FOLLOWING JOB OR JOBS:

1. _____

2. _____

3. _____

AVAILABLE FOR EMPLOYMENT ON _____
(Date)

WORK EXPERIENCE

	Type of Work	Employer	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Signature _____ Date _____

The School District of Sevastopol is an equal opportunity employer and does not discriminate on the basis of age, race, color, handicap, sex, creed, religion, national origin or ancestry.

<p>For School Use Only</p> <p>Date Received in District Office _____</p> <p>Date Background Check Completed _____</p>
