



BERING STRAIT SCHOOL DISTRICT
 P.O. Box 225
 Unalakleet, Alaska 99684-0225
 (907) 624-3611

Bering Strait School District is an equal opportunity employer.

APPLICATION FOR EMPLOYMENT

Position applying for: _____ Salary expected: _____
 Date: _____ Social Security No: _____
 Name: _____ Home Telephone: _____
 Address: _____ Work Telephone: _____

Have you been convicted of a crime? No Yes (If "Yes" explain): _____

If hired when could you report for work? _____

EDUCATION AND EXPERIENCE

Circle highest year of school completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 Date last attended: _____ Location of last attendance _____

High School Graduate? NO YES High School GED? NO YES If "yes" give number
 and date of certificate: _____

List any high school courses that relate to the position you are applying for: _____

EDUCATION OR TRAINING AFTER HIGH SCHOOL

Name and Location: _____ Dates Attended: _____ No. of Semester Hr or Quarter Hr _____ Degree & Year: _____
 Major: _____

List types of electronic or mechanical equipment or machines that you are qualified to:

OPERATE:	REPAIR:
_____	_____
_____	_____
_____	_____
_____	_____

I certify that all information made or in connection with this application is true and complete to the best of my knowledge and that I have not knowingly withheld any fact or circumstance. I understand that any misrepresentation or concealment of material fact will be sufficient ground for rejection of application or removal from employment. I authorize my present and previous employers to release to the Bering Strait School District any information they may have regarding my character or my employment record and release said employers from any damage or claim for furnishing said information. I hereby agree to submit to such physical and/or mental examination as may be required.

Signature of Applicant _____ Date: _____

Employment history: Include all jobs within past five years, give earlier job history, if pertinent to job applied for, include any period of unemployment over three months in length, use additional pages if needed to give complete history. Start with last or present position and work backwards.

1. **Employing firm:** _____ **From:** _____
Firm Address: _____ **To:** _____
Job Title: _____ **Duties** _____ **Hours per week:** _____
_____ **Starting Salary:** \$ _____ **per** _____
_____ **Final Salary:** \$ _____ **per** _____
_____ **Name of Supervisor** _____
Reason for leaving: _____

2. **Employing firm:** _____ **From:** _____
Firm Address: _____ **To:** _____
Job Title: _____ **Duties** _____ **Hours per week:** _____
_____ **Starting Salary:** \$ _____ **per** _____
_____ **Final Salary:** \$ _____ **per** _____
_____ **Name of Supervisor** _____
Reason for leaving: _____

3. **Employing firm:** _____ **From:** _____
Firm Address: _____ **To:** _____
Job Title: _____ **Duties** _____ **Hours per week:** _____
_____ **Starting Salary:** \$ _____ **per** _____
_____ **Final Salary:** \$ _____ **per** _____
_____ **Name of Supervisor** _____
Reason for leaving: _____

4. **Employing firm:** _____ **From:** _____
Firm Address: _____ **To:** _____
Job Title: _____ **Duties** _____ **Hours per week:** _____
_____ **Starting Salary:** \$ _____ **per** _____
_____ **Final Salary:** \$ _____ **per** _____
_____ **Name of Supervisor** _____
Reason for leaving: _____

5. **Employing firm:** _____ **From:** _____
Firm Address: _____ **To:** _____
Job Title: _____ **Duties** _____ **Hours per week:** _____
_____ **Starting Salary:** \$ _____ **per** _____
_____ **Final Salary:** \$ _____ **per** _____
_____ **Name of Supervisor** _____
Reason for leaving: _____

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants and employees.

This data is for analysis and affirmative action only. *Submission of information is voluntary*

Check one: Male Female

Check one of the following Race/Ethnic groups: Alaska Native/American Indian.
 Asian/Pacific Islander. Black. Caucasian (White). Hispanic.

Check if any of the following are applicable:
 Vietnam Era Veteran. Disabled Veteran Handicapped Individual