

APPLICATION for SUPPORT PERSONNEL

Return to:
GRAND COUNTY SCHOOL
DISTRICT
264 South 400 East
Moab UT 84532

Date: _____ Social Security Number _____

Name (Last / First / Middle): _____

Address (Street / City / State / Zip) _____

Home Phone: _____ Work Phone: _____

Date of Birth (Optional): _____ Place of Birth (Optional): _____

Dates of Military Service From: (Month / Day / Year) _____ To: (Month / Day / Year) _____

Position(s) for which you would like to apply: _____

List any trade or professional licenses, certificates or registrations. _____

Have you ever been convicted of a felony? **YES** **NO** If yes, please explain: _____

REFERENCES - Please list three (3) persons not related to you whom you have known at least one year.

Name	Address	Telephone Number

EDUCATION High School Graduate? **YES** **NO** - Please circle highest grade completed **1 2 3 4 5 6 7 8 9 10 11 12**

GED or Equivalent? YES NO _____

College, Business or Trade Schools Attended Name and City Location	Major or Vocational Subjects	Length of Time Attended	Date Completed	Degree

WORK HISTORY - Beginning with present or most recent, list your three most significant employers. Include military service if applicable.

Firm Name: _____ Dates From: _____ To: _____

Address: _____ Phone: _____

Job Title and Duties: _____

Reason for Leaving: _____

Firm Name: _____ Dates From: _____ To: _____

Address: _____ Phone: _____

Job Title and Duties: _____

Reason for Leaving: _____

Firm Name: _____ Dates From: _____ To: _____

Address: _____ Phone: _____

Job Title and Duties: _____

Reason for Leaving: _____

ADDITIONAL INFORMATION - Machines, Equipment, Tools Used, Related Activities, etc. (Attach or note on back)

CERTIFICATION OF APPLICANT

I certify that all statements made in this application are true and correct, and that any misstatement of material facts may subject me to disqualification or dismissal. Also, I authorize investigation of all statements made in this application.

Signature: _____

Date: _____