

HOOPER-SCHRUM MEMORIAL SCHOOL DISTRICT 157
1255 Superior Avenue
Calumet City, IL 60409
708/868-7500

APPLICATION FOR EMPLOYMENT

Date _____ Social Security Number _____

Name _____

Present Address _____
Street City, State

Phone Number _____

Citizen of U.S.A. _____ If you are related to anyone in our employ, state name and department.

_____ Referred by _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Desired salary _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Have you ever applied to this district before? _____ When? _____

EDUCATION

	Address	Graduated
Grammar School:		
High School:		
College:		
Subjects Studied:		

FORMER EMPLOYER (Last Employer First) Full and/or Part-time

Name _____ Telephone _____
Address _____ Employed Month & Year _____
Reason for Leaving _____ Salary _____
Position (Description) _____

Name _____ Telephone _____
Address _____ Employed Month & Year _____
Reason for Leaving _____ Salary _____
Position (Description) _____

Name _____ Telephone _____
Address _____ Employed Month & Year _____
Reason for Leaving _____ Salary _____
Position (Description) _____

REFERENCES: Give below the names of three persons not related, whom you have known at least one year.

Name	Address	Phone	Business	Years Acquainted
1.				
2.				
3.				

In case of emergency notify _____
Name Relation

Address Phone

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature _____ Date _____