



Canton School District 41-1



800 N. Main, Canton SD 57013

Phone (605) 764-2706 Fax (605) 764-2700

An Equal Opportunity Employer

www.canton.k12.sd.us

EMPLOYMENT APPLICATION

NAME: _____
(Last) (First) (Middle) (Social Security Number)

ADDRESS: _____
(City) (State) (Zip)

PHONE: _____ EMAIL: _____
(Daytime) (Evening) (Cell)

POSITION FOR WHICH YOU ARE APPLYING: _____Elementary _____Secondary

• **CERTIFIED:**

_____Administrator _____Teacher _____Counselor _____Librarian _____Substitute Teaching

• **CLASSIFIED:**

_____Office _____Teacher Aide _____Food Service _____Custodian _____Sub _____

NUMBER OF HOURS AVAILABLE: _____0-10 hours _____10-20 hours _____30-40 hours

* If you have provided a resume with the information requested below, please check on the line marked (See Resume).

Educational Record: * (See Resume _____)

| School | Name | Address | Major Subject | Degree |
|-----------------------------------|------|---------|---------------|--------|
| High | | | | |
| *Technical*College *University | | | | |
| Other | | | | |

Activities and Honors: (Certified Only) * (See Resume _____)

(You may exclude memberships, which would reveal race, creed, color, national origin, gender, age, or disabilities).

Special Skills and Qualifications: * (See Resume _____)

(Summarize special job-related skills and qualifications acquired from employment for the position that you are applying).

References: (List four references that are not relative or personal friends). * (See Resume _____)

1. _____
(Name) (Address) (Phone Number)
2. _____
(Name) (Address) (Phone Number)
3. _____
(Name) (Address) (Phone Number)
4. _____
(Name) (Address) (Phone Number)

Employment experience: *(Start with your present or last job).* * (See Resume _____)

 (Employer) ~ ~

 (Date of Employment) _____
 (Job Title)

 (Supervisor) _____
 (Phone) _____
 (Address)

 (Employer) ~ ~

 (Date of Employment) _____
 (Job Title)

 (Supervisor) _____
 (Phone) _____
 (Address)

 (Employer) ~ ~

 (Date of Employment) _____
 (Job Title)

 (Supervisor) _____
 (Phone) _____
 (Address)

Would you be able to provide proof of citizenship, visa, or alien registration number if you were hired? ___ Yes

Are you a former Canton school district employee? ___ Yes ___ No *(If Yes, Dates: _____ ~ ~ _____)*

Within the last ten years have you ever been discharged from any position? ___ Yes ___ No

If yes, please explain _____

Are there any restrictions regarding hours or days of availability? ___ Yes ___ No

If yes, please explain _____

Have you ever been convicted of a felony? ___ Yes ___ No

If yes, please explain _____

Applicant information

It is your responsibility to update your application with our office. Applications will remain in active status through December 31 of each year, unless renewed at the request of the applicant.

I authorize the Canton School District to make any investigation of any personal, educational, vocational, or employment history. I further authorize any current or former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the Canton School District with information they have regarding me. I hereby release and discharge the Canton School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that falsification of any part of this application including any accompanying inserts shall be sufficient cause for dismissal. References and personal information, which become a part of this application will be regarded as confidential and shall not be revealed to me. Further, I understand the Canton School District is drug/smoke free/tobacco free and that any offer of employment is conditional based upon a completed criminal background check.

Applicant Signature _____ **Date** _____

The Canton School District is an equal opportunity employer providing opportunities for employment without regard to race, color, creed, religion, age, gender, disability, national origin or ancestry. Inquiries concerning the application of Title IX, Section 504, or Title VI, or the Americans with Disabilities Act of 1992 may be referred to the Superintendent at 800 N. Main, Canton, SD 57013 (PH: 605/764-2706) or to the US Department of Education, Office for Civil Rights.

Please return this signed and dated application form to:
Canton School District 41-1
800 North Main
Canton, SD 57013