



# Application for Employment

McClave School District RE-2

P.O. Box 1

McClave, CO 81057

Phone number 719-829-4517 \* Fax number 719-829-4430

Position applying for: \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_ Are you over the age of 18? \_\_\_ YES \_\_\_ NO

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Permanent address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Education

Under-Grad: College/University \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate: College/University \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

Major Field(s): \_\_\_\_\_

Major Field(s): \_\_\_\_\_

Other training: \_\_\_\_\_

Year's experience: \_\_\_\_\_ Special skills: \_\_\_\_\_

Current License(s) & State of Issuance: \_\_\_\_\_

## Employment History

Please list your past three employers beginning with your current or last employers:

Employer Name	Address	Position	Hire Date	To

## Background check

In addition to the following information, a thorough background check will be conducted as required by state law.

- A. Have you ever been convicted of a felony, pleaded nolo contendere or received probation for any offense involving moral turpitude? (Moral turpitude includes, but is not limited to such offenses as theft, attempted theft, murder, rape, embezzlement and indecency with a minor.)

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, state here (A) the nature of the offense, (B) the date of the conviction, (C) the name and address of the court, and (D) other pertinent details.\*

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\*Conviction of a crime is not an automatic bar of employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position, which you are applying.

- B. Have you ever been involuntarily terminated or asked to resign from the employment of another school district

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please give the name of the district, date and reasons for the termination or request for resignation.

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I attest that the above is true and accurate. I understand that an answer of yes does not disqualify me pending the findings.

I hereby grant the McClave School District permission to do the background check on me.

\_\_\_\_\_  
Application signature

\_\_\_\_\_  
Date