

SUPPORT EMPLOYMENT APPLICATION

Bennington Public School
729 N Perry
Bennington OK 74723
(580) 847-2310



Position(s) applying for:

- Full Time
 Part Time
 Substitute

- Secretary
 Para-Professional
 Cafeteria

Date: _____

- Custodial
 Maintenance / Bus Driver
 Other: _____

EMPLOYEE INFORMATION

Name: _____
Last First Middle

Address: _____

Email: _____ Telephone: _____ Alt. Number: _____

Are you legally eligible for employment in the U.S.?

- Yes No

Date available for work: _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?

- Yes No

If yes, describe details: _____

Are you capable of safely and efficiently performing the essential functions of the position you are applying for?

- Yes No

EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address: _____ _____ _____	Position title / duties, skills: _____ _____ _____	Start date: _____	End date: _____
Pay: \$ _____ Per: _____	Supervisor: _____ Phone: _____	Reason for leaving: _____ _____	
Employer name and address: _____ _____ _____	Position title / duties, skills: _____ _____ _____	Start date: _____	End date: _____
Pay: \$ _____ Per: _____	Supervisor: _____ Phone: _____	Reason for leaving: _____ _____	
Employer name and address: _____ _____ _____	Position title / duties, skills: _____ _____ _____	Start date: _____	End date: _____
Pay: \$ _____ Per: _____	Supervisor: _____ Phone: _____	Reason for leaving: _____ _____	
Employer name and address: _____ _____ _____	Position title / duties, skills: _____ _____ _____	Start date: _____	End date: _____
Pay: \$ _____ Per: _____	Supervisor: _____ Phone: _____	Reason for leaving: _____ _____	

Summarize other employment related to this job:

EDUCATION

High School Graduate or GED? Yes No If yes, name and location of high school or GED institute: _____

(Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem / Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										

REFERENCES

SKILLS & QUALIFICATIONS

In case of accident or illness, please contact: Name: _____ Daytime phone: _____
 Address: _____ Relationship: _____

1

2
3

4
