



APPLICATION FOR EMPLOYMENT

ALCESTER-HUDSON SCHOOL DISTRICT #61-1
102 E. 5TH STREET * PO BOX 198 *ALCESTER, SD 57001
PHONE: 605-934-1890 FAX: 605-934-1936

www.alcester-hudson.k12.sd.us

Home of the CUBS



Please print plainly or type. Supplemental material may be attached to this form if you wish to submit additional information. You must fully and accurately complete this application for employment.

PERSONAL DATA:

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

EMAIL ADDRESS _____

PHONE (_____) _____
HOME CELL/BUSINESS

Please check the appropriate response.

1. Are you 18 years of age or older? Yes No
2. Are you a US citizen? Yes No
3. Are you a Veteran? Yes No
4. Have you ever been convicted of a felony? Yes No

(State Law SDCL 13-10-12: It is recommended that the district require in its contracts that all service providers having contact with children conduct criminal background checks from the state of South Dakota & the FBI, meeting the requirements of this policy and to certify compliance in writing to the district.)

5. Where did you hear about this job posting? _____



POSITION APPLYING FOR:

Position applying for: _____

Have you been previously employed by Alcester-Hudson School District #61-1? Yes No

If yes, former position title & employment dates _____

Availability: Full-Time Part-Time Temporary

Date available to begin employment _____

EDUCATION:

Elementary – Secondary: Highest Grade Completed _____ Diploma _____ G.E.D. _____

Name of School _____ Town _____ State _____

Higher Education: Start with present or most recent and work back, including vocational/technical education.

1. _____ Graduate: Yes No
Name of Institution

_____ Address Degree/Certificate/Diploma Field of Study

2. _____ Graduate: Yes No
Name of Institute

_____ Address Degree/Certificate/Diploma Field of Study

3. _____ Graduate: Yes No
Name of Institute

_____ Address Degree/Certificate/Diploma Field of Study

CERTIFICATION/LICENSE:

List any work related certifications, registration and/or license.

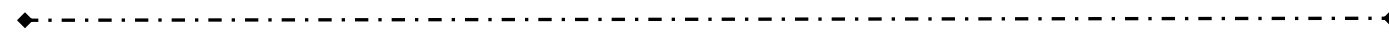
SKILLS INVENTORY: This section should be completed only if it relates to your position.

- | | | |
|---|--|--|
| <input type="radio"/> bookkeeping | <input type="radio"/> keyboarding | <input type="radio"/> payroll |
| <input type="radio"/> building operation | <input type="radio"/> mail processing | <input type="radio"/> personnel |
| <input type="radio"/> electrical | <input type="radio"/> main frame computing | <input type="radio"/> printing |
| <input type="radio"/> plumbing | <input type="radio"/> operations | <input type="radio"/> intercom |
| <input type="radio"/> carpentry | <input type="radio"/> programming | <input type="radio"/> writing |
| <input type="radio"/> environmental control | <input type="radio"/> systems design | <input type="radio"/> correspondence |
| <input type="radio"/> security | <input type="radio"/> microcomputing (specify package) | <input type="radio"/> news |
| <input type="radio"/> grounds | <input type="radio"/> word processing _____ | <input type="radio"/> grants |
| <input type="radio"/> custodial | <input type="radio"/> data base _____ | <input type="radio"/> publications |
| <input type="radio"/> data entry | <input type="radio"/> spreadsheet _____ | <input type="radio"/> video production |

duplicating office procedure development

filing/file organizations

List equipment you operate which relates to the position for which you are applying _____



Do you speak, read, or write any language other than English? Yes No

If yes, identify _____



WORK EXPERIENCE: List all positions held. Start with the most recent. Use additional sheet, if necessary.

Entire application must be completed for consideration.

1. _____
Name of Firm/School/College University Phone Position

Dates of employment Salary Immediate Supervisor

Describe Duties of Position

Reason for Leaving Full-Time Part-Time Temporary

2. _____
Name of Firm/School/College University Phone Position

Dates of employment Salary Immediate Supervisor

Describe Duties of Position

Reason for Leaving Full-Time Part-Time Temporary

3. _____
Name of Firm/School/College University Phone Position

Dates of Employment Salary Immediate Supervisor

Describe Duties of Position

Reason for Leaving Full-Time Part-Time Temporary

4. _____
Name of Firm/School/College University Phone Position

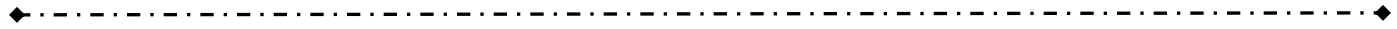
Dates of Employment Salary Immediate Supervisor

Describe Duties of Position

Reason for Leaving _____

Full-Time Part-Time Temporary

Which of these employers can we contact for a reference regarding your job performance? _____



REFERENCES: List educational, business, and/or professional references other than persons listed above.

1. _____
Name Organization

Relationship #Years Known Daytime Phone

2. _____
Name Organization

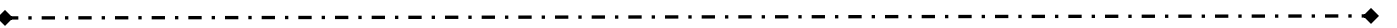
Relationship #Years Known Daytime Phone

3. _____
Name Organization

Relationship #Years Known Daytime Phone

4. _____
Name Organization

Relationship #Years Known Daytime Phone



I understand and agree that employment constitutes acceptance of the terms and conditions specified in the Board Policy Manual in effect at Alcester-Hudson School District. I further understand that the language used in this application is not intended to create, or is it to be construed to constitute any sort of contract between Alcester-Hudson School District #61-1 and applicants for this position.

I, the undersigned, hereby duly authorize Alcester-Hudson School District officials to investigate all statements in this application and included in my resume, and to secure any necessary information from all my subordinates, employers, and references, organizations, and academic institutions. I further authorize and consent to those persons, organizations, educational institutions, and employers to divulge relevant information otherwise confidential information to AHSD notwithstanding that it might otherwise be confidential. I hereby release all of those subordinates, employers, references, organizations, academic institutions, and Alcester-Hudson School board from any and all liability arising from their giving or receiving information about my criminal history, employment history, my academic credentials or qualifications, and my suitability for employment with Alcester-Hudson School District.

I understand and agree that, if hired, my employment is for no definitive period and, regardless of the date of payment of my wages or salary, may be terminated at any time without any prior notice; except where specific contract terms or otherwise by applicable law or board policy dictates dismissal shall be with or without cause.

I further understand that only the President or another person specifically designated by the President has the authority to create or enter into any employment agreement on behalf of Alcester-Hudson School District.

In consideration of my employment, if hired, I agree to comply with all rules, procedures, and regulations set forth by the School Board of the school. The School Board and the President reserve the right to change these rules, policies, and procedures at any time. I furthermore understand consideration of this application and the continuation of this application of any subsequent employment depends upon the truth and accuracy of this information.

**If applicable, copies of official transcripts, licenses, resumes, or certifications should be submitted
With this application and must be on file with the school prior to employment.**

Signature for Applicant

Date

NONDISCRIMINATION POLICY

Alcester-Hudson District #61-1 does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities and provides equal access to designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies:

504 Coordinator
Lynette Busch
PO Box 198
Alcester, SD 57001
605-934-1890

Title IX Coordinator
LeeAnn Haisch
PO Box 198
Alcester, SD 57001
605-934-1890

South Dakota Regional US Office for Civil Rights:

Office for Civil Rights
U.S. Department of Education
One Petticoat Lane
1010 Walnut Street, 3rd Floor, Suite 320
Kansas City, MO 64106

Telephone: 816-268-0550
FAX: 816-268-0599; TDD: 800-877-8339
Email: OCR.KansasCity@ed.gov