

# CLASSIFIED APPLICATION

**Lodge Grass Public Schools  
School Districts 2 & 27  
Big Horn County  
Drawer AF  
Lodge Grass, MT 59050**

An equal opportunity employer that encourages applications from all persons regardless of race, religion, sex, age, national origin or handicap

## APPLICATION OF:

LAST NAME FIRST MIDDLE INITIAL

PRESENT ADDRESS: STREET CITY STATE & ZIP CODE

PERMANENT ADDRESS: STREET CITY STATE & ZIP CODE

TELEPHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**PLEASE INDICATE AREAS IN WHICH YOU SEEK EMPLOYMENT:**  
(Instructional Aide, Tutor, Secretary, Custodian, Maintenance, Cafeteria Worker, Etc.)

1<sup>st</sup> Preference: \_\_\_\_\_

2<sup>nd</sup> Preference: \_\_\_\_\_

3<sup>rd</sup> Preference: \_\_\_\_\_

WHEN CAN YOU BEGIN WORK? \_\_\_\_\_

ARE YOU INTERESTED IN SUBSTITUTE EMPLOYMENT?

ARE YOU A VETERAN? \_\_\_\_\_ DATES OF SERVICE: \_\_\_\_\_

DO YOU HAVE A CHAUFFEUR=S LICENSE? \_\_\_\_\_

**COMPLETED EDUCATION:**

	NAME & LOCATION OF SCHOOL	DEGREE OR DIPLOMA	DATE GRADUATED	PERTINENT COURSE WORK
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

**CURRENT EMPLOYER:**

NAME ADDRESS CITY, STATE & ZIP	SUPERVISOR	DUTIES	FROM: MONTH/YR	TO: MONTH/YR

**FORMER EMPLOYERS:  
(BEGIN WITH MOST RECENT)**

NAME ADDRESS CITY, STATE & ZIP	SUPERVISOR	DUTIES	FROM: MONTH/YR	TO: MONTH/YR

**PERSONAL REFERENCES:  
(OTHER THAN RELATIVES AND FORMER EMPLOYEES)**

NAME	ADDRESS	CITY, STATE, ZIP	PHONE NO

**SPECIAL QUALIFICATIONS:**

What special work experience, training, or other qualifications do you have which you feel will make you successful in the job you are seeking?

If applicable, indicate experience which would be of value to you in working with children?

I HEREBY GUARANTEE THE CORRECTNESS OF THE ABOVE STATEMENTS. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE