

SPECIAL SKILLS: Please describe your skills with hand and power tools, office machines, calculators, copying machines, word processors, computers, computer software, typing and shorthand speed, and proficiency, special secretarial skills, or skills required for the position applied for (*attach separate page if needing more room*).

EMPLOYMENT HISTORY

Title: _____ **Dates employed:** From _____ To _____
Company Name: _____ **Supervisor Name:** _____
Address: _____ **Supervisor Phone #:** _____
City: _____ **State:** _____ **Salary: Start** _____ **Current/End** _____

Describe work performed:

Reason for Leaving: _____

Title: _____ **Dates employed:** From _____ To _____
Company Name: _____ **Supervisor Name:** _____
Address: _____ **Supervisor Phone #:** _____
City: _____ **State:** _____ **Salary: Start** _____ **Current/End** _____

Describe work performed:

Reason for Leaving: _____

Title: _____ **Dates employed:** From _____ To _____
Company Name: _____ **Supervisor Name:** _____
Address: _____ **Supervisor Phone #:** _____
City: _____ **State:** _____ **Salary:** Start _____ Current/End _____

Describe work performed:

Reason for Leaving: _____

Additional work experience may be listed on a separate page or resume.

LIST ANY RELEVANT LICENSES AND/OR CERTIFICATIONS CURRENTLY HELD:

ACKNOWLEDGEMENT

By submitting this application for employment consideration, I certify that the information provided by me in connection with my application whether on this document or not, is true and complete. I understand that any misstatement, falsification or omission of information may be grounds for refusal to hire or, if hired, termination.

I understand that I will be required to sign an authorization to release information if I am considered for employment.

I understand that, if employed by LCWSD, I will be required to provide proof of my identity and the legal right to work in the United States within three business days of the date employment begins, to verify my employability in compliance with Federal Law.

If offered employment with LCWSD, I understand that I must comply with all of the the policies, rules and procedures.

SIGNATURE OF APPLICANT

DATE