

**Arlington School District 38-1**

**Job Applying for:** \_\_\_\_\_

Classified Application

Name: \_\_\_\_\_  
Last First M.I.

Street Address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address and/or Website: \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name as it appears on Social Security Card \_\_\_\_\_

What is the highest education degree you have earned? \_\_\_\_\_

List information regarding your interests, abilities, activities, experience, etc, which may have a bearing on your qualifications for this position:

\_\_\_\_\_  
\_\_\_\_\_

Write a statement about why you are interested in this position in the Arlington School.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and where? \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, do you have a green card? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you served in the United States Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate branch and discharge date: \_\_\_\_\_

Males born after December 31, 1959, are required to register for Selective Service.

Are you registered? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are registered, please provide your Selective Service Number: \_\_\_\_\_

If you do not know your Selective Service Number, you can obtain it by calling 1-847-688-6888.

References

Full Name	Title	Complete Address	Telephone

Education

Name & Location	From-To	Degree(s)	Date Earned
College/Tech School			
College/Tech School			
College/Tech School			
High School			

Work Experience

Name & Location	From-To	Nature of Work	Supervisor

I hereby certify that all information contained in this application is correct to the best of my knowledge. I authorize the Arlington School District to investigate any information contained in this application. I further authorize all former employers, references, law enforcement officers and court officials to release information about me to the Arlington School District.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return application to:  
Arlington School District  
306 S. Main, PO Box 359  
Arlington, SD 57212-0359

The Arlington School District does not discriminate on the basis of sex, race, color, religion, age, national origin or handicap in its programs and activities or employment practices and/or policies.