

Lavina Public School District No. 2
P.O. Box 290 · Lavina, Montana 59046
Phone: (406) 636-2761 · Fax: (406) 636-4911
"An Equal Opportunity Employer"

NON-CERTIFIED
PERSONNEL

Name: _____
(Last) (First) (Middle Initial)

Address: _____

Phone: _____

Position for which you are applying: _____

General Health: _____ if you have any physical limitations, which require any special accommodations not ordinarily found in schools, please describe these:

PERSONAL DATA AND QUALIFICATIONS:

Education/Training		
Name and Location of School	Dates Attended	Diploma, Degree, or Course Completed

EXPERIENCE:

List in chronological order beginning with the most recent, your employers for the past five years, and any other experience related to the job for which you are applying.

Employer	Address	Immediate Supervisor	Nature of Work	Dates

References: Give three references that are not related to you, including employers and supervisors, who can provide information about your character and recent work experience.

Please include name, address, and telephone number.

Name

Address

Telephone Number

Understand that in filing this application that my work experience, character and related information is subject to investigation to determine the desirability of any employment in the School District, and that this information will be kept confidential. I grant permission for such an investigation to be conducted.

Date: _____ Applicant's Signature: _____