Lisbon Community School District
Our mission is to provide world-class opportunities with community PRIDE.
Pride - Rigor - Innovation - Drive - Excellence
Empowering Students, Creating Possibilities

Non-Certified Employment Application

APPLICANT INFORMATION

Full Name: _____

Address: _____ **City/State/Zip:** _____

Phone #: _____ **Email Address:** _____

Position Applying For:_____ **Date Available to Start:** _____

Have you ever worked for this school district? ☐ Yes ☐ No

If yes, when? _____

Are you legally authorized to work in the United States? ☐ Yes ☐ No

EDUCATION

High School

School Name & Location: _____

Field of Study: _____

Dates of Attendance: _____

Graduated? ☐ Yes ☐ No Diploma/GED: ☐ Diploma ☐ GED

College, Trade School, or Other Training

School Name & Location: _____

Degree/Certificate: _____

Dates of Attendance: _____ Graduated? ☐ Yes ☐ No

If there is anything about your education that you believe we should give extra consideration to in determining qualifications, please describe.

_____

_____

_____

LICENSES - CERTIFICATIONS- SPECIAL QUALIFICATIONS

Please list any licenses or certifications related to the position.

_____

_____

_____

Examples may include:

- Commercial Driver's License (CDL)
- School Bus Endorsement
- Food Safety Certification
- CPR/First Aid
- Paraeducator Certification
- HVAC, Electrical, Plumbing, or Maintenance Certifications
- Other Relevant Certification

EMPLOYMENT HISTORY

Employer #1

Employer: _____ Job Title: _____

Address: _____

Supervisor: _____ Phone_____

Dates Employed: From _____ To _____

Hourly Rate: Start: $ _____ Final: $ _____

Responsibilities:

_____

_____

_____

Reason for Leaving:

_____

May we contact this employer? ☐ Yes ☐ No

Employer #2

Employer: _____ Job Title: _____

Address: _____

Supervisor: _____ Phone_____

Dates Employed: From _____ To _____

Hourly Rate: Start: $ _____ Final: $ _____

Responsibilities:

_____

_____

_____

Reason for Leaving:

_____

May we contact this employer? ☐ Yes ☐ No

Employer #3

Employer: _____ Job Title: _____

Address: _____

Supervisor: _____ Phone_____

Dates Employed: From _____ To _____

Hourly Rate: Start: $ _____ Final: $ _____

Responsibilities:

_____

_____

_____

Reason for Leaving:

_____

May we contact this employer? ☐ Yes ☐ No

PROFESSIONAL REFERENCES

Reference #1

Name: _____ Employer: _____

Address: _____

Phone: _____ Email: _____

Reference #2

Name: _____ Employer: _____

Address: _____

Phone: _____ Email: _____

Reference #3

Name: _____ Employer: _____

Address: _____

Phone: _____ Email: _____

ADDITIONAL INFORMATION

Please share any additional information you believe would assist us in evaluating your application.

_____

_____

_____

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false, misleading, or omitted information may result in the rejection of my application or termination of employment if hired.

I understand that employment with the School District is contingent upon successful completion of all required background checks, reference checks, and any position-specific requirements, including licensing, certification, physical examination, drug testing (if applicable), or driving record review.

I authorize the School District to verify the information contained in this application and to contact employers, educational institutions, and references as necessary.

Applicant Signature: _____ Date: _____