



**THE LAKE AND PENINSULA SCHOOL DISTRICT**

101 Jensen Drive  
P.O. Box 498  
King Salmon, Alaska 99613  
Phone (907) 246-4280 / Fax (907) 246-4473



**Classified Employment Application**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(Street of Box Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

If hired - When could you report for work: \_\_\_\_\_

EDUCATION: High School Graduate: \_\_\_ YES \_\_\_ NO Name of High School: \_\_\_\_\_

High School Equivalency (GED): \_\_\_ YES \_\_\_ NO H.S. Graduation Year: \_\_\_\_\_

College or Training Beyond High School:

Name of Facility	Major or Course(s) Taken	Degree (type and date awarded)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been convicted of a misdemeanor in the past 5 years: \_\_\_ YES \_\_\_ NO

Have you EVER been convicted of a felony? \_\_\_ YES \_\_\_ NO

Have you ever been accused or convicted of inappropriate behavior involving a child? \_\_\_ YES \_\_\_ NO

If you have answered yes to any of the above, please provide further explanation:

\_\_\_\_\_

\_\_\_\_\_

Do you have a valid Alaska Driver's License: \_\_\_ YES \_\_\_ NO License # \_\_\_\_\_

Are You Authorized to Work in The United States? \_\_\_ YES \_\_\_ NO

REFERENCES

1. \_\_\_\_\_  
 NAME ADDRESS

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CONTACT/TELEPHONE NUMBER POSITION

2. \_\_\_\_\_  
 NAME ADDRESS

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CONTACT/TELEPHONE NUMBER POSITION

3. \_\_\_\_\_  
 NAME ADDRESS

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CONTACT/TELEPHONE NUMBER POSITION

PREVIOUS EMPLOYMENT HISTORY  
 Start with Present or Last Employer

Employing Firm	Telephone #	Dates Employed (from/to)	Position Held	Supervisor

Persons applying for a position may attach additional information on past Education, Training, Work Experience, copies of any Certificates or Degrees or any Recommendations.

I CERTIFY THAT the information provided on this application is true and complete to the best of my knowledge and that I have not knowingly withheld any fact of circumstance. I understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application or removal from employment.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_