

MARCUS-MERIDEN-CLEGHORN COMMUNITY SCHOOLS

Employment Application

The Marcus-Meriden-Cleghorn CSD prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, marital status, color, creed, religion, gender, age, disability, sexual orientation, gender identity, or socioeconomic status. The District also affirms its commitment to providing equal opportunities and equal access to District facilities. For additional information on nondiscrimination policies, contact Mr. Tonges (712) 376-4171, email jason.toenges@mmcruroyals.org or write to the District office at 400 E Fenton St, Marcus, IA 51035.

PERSONAL

Full Name: _____
First Middle Initial Last

Current Address: _____
Number Street City State Zip

Phone: () _____ Email: _____

Social Security Number: _____

Are you 18 years of age or older? Yes No Are you a military Veteran? Yes No
Are you legally able to work in the United States? Yes No If Yes, Dates of Active Duty _____ to _____

Have you ever been known by any other name(s) that MMC will require to verify any of the information on this application?

EMPLOYMENT DESIRED

Job Title: _____ Date you can start: _____ Wage Desired: _____

Are you available for work: Full-Time ☐ Part-Time ☐ Temp ☐ Seasonal ☐

EDUCATION

Do you have a High School Diploma or GED? Yes No

Name of last school attended: _____ City: _____ State: _____

Circle last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle the highest degree earned: High School Diploma GED Certificate AA BD MD PHD Other

Area of Concetration and/or degree(s), certificates, licenses, endorsements: _____

Other Training or Skills (Factory or Office Machines Operated, Special Courses, Computer Skills, etc.):

EMPLOYMENT HISTORY

Fomer Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name: _____ Job Title: _____

May we contact this employer? Yes No

Address: _____
 Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for leaving: _____

Company Name: _____ Job Title: _____

May we contact this employer? Yes No

Address: _____
 Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for leaving: _____

Company Name: _____ Job Title: _____

May we contact this employer? Yes No

Address: _____
 Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for leaving: _____

Please provide any additional information about your abilities or interests that makes you a good candidate for this position:

I authorize investigation of all statements contained in this application. I understand that omission or misrepresentation of facts is cause for dismissal.

Signature: _____ Date: _____