



**EMPLOYEE INFORMATION:**

To be completed by the employee. Please print clearly.

Last Name		First Name		Home Address:		
Home Phone:		Cell Phone		Work Site Phone:	Work Cell:	Email

***The best way to reach me is(check any that apply):***  Home  Cell  Work  Work Cell  E-mail

Current Job Title	Current Supervisor	Current Dept.	Current Work Site
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***I am currently assigned to work the following schedule:***

Day of week	MON	TUE	WED	THU	FRI	SAT	SUN
Start time							
End time							

***I AM INTERESTED IN APPLYING FOR THE FOLLOWING POSITION:*** \_\_\_\_\_

Please list any special skills, training, education, certificates, licenses and any other qualifications related to the position applying for. *(For updating work experience, please use the back side of this form):*

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

Personnel Use Only:
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**ADDITIONAL WORK EXPERIENCE** *For updating work experience not listed on original Employment Application.  
Please list any work experience related to the position applying for.*

Dates (mm/yr): Starting: Ending:		1. EMPLOYER, ADDRESS & PHONE#:		Supervisor's Name, Title & Phone#:	
		Job Title and Duties:			
Salary: Starting: Ending:				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer Hours per week:	
Reason for Leaving:				May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Later	
Dates (mm/yr): Starting: Ending:		2. EMPLOYER, ADDRESS & PHONE#:		Supervisor's Name, Title & Phone#:	
		Job Title and Duties:			
Salary: Starting: Ending:				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer Hours per week:	
Reason for Leaving:				May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Later	
Dates (mm/yr): Starting: Ending:		3. EMPLOYER, ADDRESS & PHONE#:		Supervisor's Name, Title & Phone#:	
		Job Title and Duties:			
Salary: Starting: Ending:				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer Hours per week:	
Reason for Leaving:				May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Later	
Dates (mm/yr): Starting: Ending:		4. EMPLOYER, ADDRESS & PHONE#:		Supervisor's Name, Title & Phone#:	
		Job Title and Duties:			
Salary: Starting: Ending:				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer Hours per week:	
Reason for Leaving:				May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Later	
Dates (mm/yr): Starting: Ending:		5. EMPLOYER, ADDRESS & PHONE#:		Supervisor's Name, Title & Phone#:	
		Job Title and Duties:			
Salary: Starting: Ending:				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer Hours per week:	
Reason for Leaving:				May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Later	

I hereby authorize NOR to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further authorize the references I have listed to disclose to the District any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the District, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_