



## EDUCATIONAL / PROFESSIONAL TRAINING

Are you a high school graduate?  Yes  No

HIGH SCHOOL & LOCATION: \_\_\_\_\_  
\_\_\_\_\_

COLLEGE / UNIVERSITY: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

GRADUATE WORK: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

MASTERS Degree: \_\_\_\_\_

PROFESSIONAL TRAINING: \_\_\_\_\_

Dates: \_\_\_\_\_

OTHER TRAINING: \_\_\_\_\_

Dates: \_\_\_\_\_

Military Service:  Yes  No If yes, number of years \_\_\_\_\_ Type of Discharge \_\_\_\_\_

(Proof of military service and discharge will be required after employment)

## EMPLOYMENT HISTORY

1. Employer: \_\_\_\_\_

Location: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Duties/Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Location: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Duties/Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_

Location: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Duties/Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Initials \_\_\_\_\_

## REFERENCES

Give the names, address and phone number of 3 references who are not related to you and who are not previous employers.

1. \_\_\_\_\_  
(Name) (Address) (Phone)
2. \_\_\_\_\_  
(Name) (Address) (Phone)
3. \_\_\_\_\_  
(Name) (Address) (Phone)

### READ CAREFULLY BEFORE SIGNING:

1. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I have been employed.
2. I give the Ridgewood Local School District the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Ridgewood Local School District and its representatives for seeing such information and all other persons, corporations or organizations for furnishing such information.
3. I agree that any claim or lawsuit relating to my service with Ridgewood Local School District must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_