

NEW UNDERWOOD SCHOOL DISTRICT 51-3

300 East Ash, PO Box 128
 New Underwood, SD 57761
 (605)754-6485

An Equal Opportunity Employer

CLASSIFIED POSITIONS APPLICATION

Position for which you are applying: _____

Personal Information

Name: _____
 First MI Last

Present Address: _____
 Street City State Zip Phone

Permanent Address: _____
 Street City State Zip Phone

EDUCATION	NAME & LOCATION	YEARS IN ATTENDANCE	DATE (OPTIONAL)	AREA OF EXPERTISE
GRAMMAR SCHOOL	_____			
HIGH SCHOOL	_____			
COLLEGE	_____			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL	_____			
MILITARY SERVICE	_____			

Experience: Please list your last four employers, the most current first

DATES OF EMPLOYMENT	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

References: Please give the names of three individuals that are not related to you

NAME	ADDRESS AND PHONE	OCCUPATION	YRS KNOWN

Please answer the following questions:

Have you ever been convicted of any violation of law other than a traffic violation? _____

If yes, please give the particulars of each conviction and state what disposition was made of each: _____

Are you 18 years of age or older? _____

Do you have any physical limitations that preclude you from performing the work for which you are being considered? If so, please describe: _____

The above information is true to the best of my knowledge and I understand that misleading statements would result in discharge.

Applicant Signature

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.