

PREVIOUS EMPLOYMENT:

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

REFERENCES: Give below the names of three persons not related to you whom you have known at least one year:

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED
1.			
2.			
3.			

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

DATE _____ SIGNATURE _____

The Skaneateles Central School District is an equal opportunity employer. SCSD does not discriminate on the basis of age, race, ethnicity, religion, creed, disability, marital status, gender, gender identity, sexual orientation, veteran status, country of origin, or any status protected by law in the educational programs and activities which it operates.