

EDUCATION AND TRAINING

_____ HIGH SCHOOL DIPLOMA _____ GED Still Attending High School At _____

VOCATIONAL TRAINING SCHOOL NAME:

Name & Location of School	Dates Attended	Diploma/Degree or Certification	Major or course title

COLLEGE 1 YR 2 YRS 3 YRS 4 YRS 4+ YRS

COLLEGE OR UNIVERSITY NAME: _____

DATES: FROM _____ TO _____ MAJOR _____

DIPLOMA OR DEGREE _____ DATE RECEIVED _____

GRADUATE SCHOOL NAME: _____

DATES: FROM _____ TO _____ MAJOR _____

DIPLOMA OR DEGREE _____ DATE RECEIVED _____

List any Certifications or Licenses you hold pertinent to the position for which you are applying.

TITLE	STATE OR LICENSING AGENCY	EXPIRATION DATE

Complete the following only if the minimum requirements of the job description include possessing or obtaining a valid driver's license:

DO YOU HAVE A VALID DRIVERS LICENSE: NO YES # _____ State _____

DO YOU HAVE A COMMERCIAL DIVERS LICENSE: NO YES Class _____ Endorsements _____

DESCRIBE YOUR OFFICE EQUIPMENT OPERATION SKILLS

Typing speed: ___ WPM 10 Key by touch YES NO Cash Handling Experience YES NO

Rate your proficiency with the following applications:

List other computer software / programs:

Word	None	Beginning	Advanced	Expert
Excel	None	Beginning	Advanced	Expert
Access	None	Beginning	Advanced	Expert
Desktop Publishing	None	Beginning	Advanced	Expert

LIST OTHER TYPES OF OFFICE EQUIP YOU CAN OPERATE

NAME AND ADDRESS OF EMPLOYER:

DATES FROM ___ / ___ / ___ TO ___ / ___ / ___

HOURS PER WEEK: _____

SALARY/WAGES: _____

PHONE NUMBER: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____

Did you supervise in this position: YES NO

Please indicate # of employees supervised _____ YOUTH (under 17 yrs old) _____ ADULT (18+ yrs old)

REASON FOR LEAVING: _____

YOUR JOB TITLE: _____

DUTIES:

NAME AND ADDRESS OF EMPLOYER:

DATES FROM ___ / ___ / ___ TO ___ / ___ / ___

HOURS PER WEEK: _____

SALARY/WAGES: _____

PHONE NUMBER: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____

Did you supervise in this position: YES NO

Please indicate # of employees supervised _____ YOUTH (under 17 yrs old) _____ ADULT (18+ yrs old)

REASON FOR LEAVING: _____

YOUR JOB TITLE: _____

DUTIES:

ADDITIONAL SHEETS MAY BE SUBMITTED

Nenana City School District

OPTIONAL FORM

It is the policy of the Nenana City School District to refrain from employment discrimination and to take affirmative action to realize full and equal opportunity for women, minorities, disabled persons, veterans of the Vietnam era, special disabled veterans, and other eligible veterans. If you believe you could benefit from the District's Affirmative Action program and would like to be included, please complete this form. The information you provide will be kept confidential and will in no way adversely affect any employment decision. Refusal to provide the information will in no way affect your application for employment.

Position you are applying for: _____

Name: _____ Date of Birth: _____

Date: _____ Sex: Male _____ Female _____

Please circle your racial or ethnic heritage:

- **White (not of Hispanic origin).** a person having origins in any of the original peoples of Europe, North African or the Middle East.
- **Black (not of Hispanic origin).** a person having origins in any of the Black racial groups of Africa.
- **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **Asian or Pacific American.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. The area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

Do you qualify under the Veterans Employment Opportunities Act for Affirmative Action?
Yes ___ No ___ If yes:
Do you have a Service Medal? Yes ___ No ___ and/or an Expeditionary Medal? Yes ___ No ___
Date of discharge _____

List Relatives Employed by Nenana City School District, if any:

Name: _____ Relationship _____

Name: _____ Relationship _____

After reviewing the essential job functions as listed on the vacancy announcement, do you need an accommodation to perform any job function or participate in the testing process? If so, please specify.

Applications from all persons are welcomed, and women, members of minority groups, disabled persons and Veterans who fall under the Veterans Employment Act, are especially encouraged to apply. The Nenana City School District does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, or status as a Vietnam era veteran in employment, programs, services or activities, as prescribed by Title VII of the Civil Rights Act of 1964, Executive Order 11246 as amended, the Rehabilitation Act of 1973, the Vietnam Era re-adjustment Assistance Act of 1974, the Age Discrimination Acts of 1974, Americans with Disabilities Act of 1990, and Chapter 18.80.220 of the Alaska Code.