

GENERAL - What volunteer services are you willing to perform? _____

EMPLOYER - List below your current or last employer

Date (Month & Year) Name and Address of Employer Position

From: _____

To: _____

REFERENCES: List below three persons not related to you, whom you have known at least one year.

Name Address Years Acquainted

1. _____

2. _____

3. _____

EMERGENCY INFORMATION: In case of emergency, please notify:

Name Address Phone No.

AUTHORIZATION: I authorize investigation on all statements contained in this application. I understand that a false answer is grounds for dismissal.

Date

Signature

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Reviewed by: _____ Date: _____

Remarks: _____

For Office Use: Forward a copy to the Superintendent's Office and maintain a copy on file in appropriate building offices.

Updated ER - 02/08