

Please use the space below to identify your experience working/interacting with children (please attach a resume identifying all other experience):

Employer	Address	Position	From/To	Supervisor's Name and Phone Number
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Reason for Leaving-				()
				()
Reason for Leaving-				()
				()
Reason for Leaving-				()
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Reason for Leaving-				()

REFERENCES:

Include any administrator or supervisor under whom you have worked or college instructor if you have not yet graduated. Do not include relatives or persons who have furnished references for your placement office credentials. You may include persons not connected with education who are qualified to speak regarding your fitness for the position.

Name	Occupation	Address	Residence Phone/ Business Phone
			() ()
			() ()
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Please respond to the following in your own handwriting on a separate sheet of paper:
Describe the essential skills necessary for working effectively with students.

PLEASE READ CAREFULLY BEFORE SIGNING

AUTHORIZATION FOR BACKGROUND INFORMATION

I hereby authorize any person or entity whatsoever including, but not limited to, any employer, law enforcement agency, administrator, state agency, institution or private information bureau to furnish to Cotopaxi Schools (Fremont RE-3), or any employee or agent on its behalf, any and all information or records it may have, and further to discuss with Cotopaxi Schools, or any employee or agent on its behalf, any subject which may bear upon my fitness for employment with Cotopaxi Schools. I specifically waive any rights or privileges I have to confidentiality of such information and release Cotopaxi Schools and any person or entity providing information from all legal responsibility or liability that must result from this authorization.

This authorization shall continue in full force and effect until terminated by me in writing. Further, if I should become employed by Cotopaxi Schools, this authorization shall continue for the duration of such employment. A photographic copy of this authorization shall be valid as the original.

I further agree that neither Cotopaxi Schools nor any other person or entity shall be held liable in any respect if an employment offer is not tendered to me by Cotopaxi Schools or is subsequently withdrawn or terminated for any reason whatsoever. I further understand that failure to provide any of the information requested may prevent consideration of my application for employment.

I certify that the information given by me on this application and any supplement is true and correct to the best of my knowledge. I understand that false statements on this application may result in termination of employment.

Date

Signature of Applicant