

SUPPORT STAFF APPLICATION
SCHOOL ADMINISTRATIVE UNIT # 9
176A Main Street, Conway, NH 03818
(603) 447-8368 FAX (603) 447-8497

Last Name: _____ First Name: _____ Middle Initial _____
Position(s) applying for: _____
Mailing Address: _____ Physical Address: _____
City, State, Zip Code: _____
Phone Number(s): (Daytime) _____ (Evening) _____

EXPERIENCE

(Start With Most Recent Employer)

Employer: _____ Position(s): _____
Address _____ Duties: _____
Employment Dates: From _____ To _____ Supervisor: _____
Reason for Leaving: _____

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Address _____ Duties: _____
Employment Dates: From _____ To _____ Supervisor: _____
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REFERENCES

Name & Address	Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

Pertinent Skills: _____

May we contact your present employer? _____ YES _____ NO

EDUCATION

School Name & Address:

Dates:

Degree & Major:

Have you ever been convicted of a crime? NO YES (if yes please explain)

A complete Criminal Background Check, including fingerprints, is required for all new School Administrative Unit #9 employees once hired, the cost of the Criminal Background Check to be paid by the employee.

I authorize SAU # 9 and all component Districts to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency or government agency to give information they may have regarding me. In consideration of SAU # 9 and its Districts review of this application, I release the SAU # 9, its component Districts, and all providers of information from any liability as a result of furnishing and receiving this information.

Signature of Applicant: _____

Date: _____

FOR OFFICE USE ONLY

Interviewed By: _____

Date: _____

Employment Verification: Initials _____

Date: _____

Comments: _____

Criminal Check Completed: YES NO