

**CLASSIFIED STAFF APPLICATION – DEVILS LAKE PUBLIC SCHOOL DISTRICT**  
**1601 College Drive North, Devils Lake, ND 58301**  
**(701) 662-7640 / (Fax) 662-7646**  
[www.dlschools.org](http://www.dlschools.org)

*Please indicate positions you are interested in  
and if you are willing to sub: (X)*

DATE	_____			
NAME	_____	Clerical	_____	Sub? _____
ADDRESS	_____	Library Para	_____	_____
CITY, STATE, ZIP	_____	Special Ed Para	_____	_____
PHONE (Home)	_____	Classroom Para	_____	_____
PHONE (Work/Cell)	_____	Food Service	_____	_____
E-MAIL ADDRESS	_____	Bus Driver	_____	_____
		Custodian	_____	_____
		Mechanic	_____	_____
		Other	_____	_____

<b>EDUCATION</b>	Name & Location of School	Major	Graduate?
High School	_____	_____	_____
College/University	_____	_____	_____

List any non-college special courses you have taken (vocational, technical, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State any experience, training or special skills which you think would be of value in this position:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>EMPLOYMENT HISTORY</b>			
Employer's Name & Address	Kind of Work	Date Started	Date Left
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*It is the policy of the Devils Lake Public School District that educational activities, employment programs  
and services are offered without regard to race, national origin, sex, religion, disability or age.*

**REFERENCES**

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you a United States Veteran?	YES _____	NO _____
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**AUTHORIZATION**

I certify that the facts contained in the application are true and complete to the best of my knowledge. I also understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, to include a background check into felony convictions and child neglect or abuse, and release the Devils Lake Public School District of any liability and damage that may result from utilization of such information.

I also understand and agree that no representative of the Devils Lake Public School District has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Devils Lake Public School District representative. I understand that by providing information on this application that there is no contractual or implied agreement between myself and the Devils Lake Public School District.

_____ Applicant Signature	_____ Social Security Number	_____ Date
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