

Application
Classified Employees
Shelton Public Schools
Shelton, NE

Name _____ Date _____

Address _____

Social Security # _____ Telephone _____

Previous Experience (Please begin with the last position held)

Dates	Employer	Supervisor	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Qualifications (List skills & abilities, courses, certifications and/or licenses held)

References (List name, address & phone number of 4 persons who can testify to the quality of your work and have knowledge of your character)

By signing here, I testify to the validity of the information given, and I agree to

submit to a background check _____

Position Applying For: _____