



**NOME PUBLIC SCHOOLS**  
**PO BOX 131**  
**NOME, AK 99762**  
**Phone (907) 443 – 2231**  
**Fax (907) 443- 5144**

**CLASSIFIED EMPLOYMENT APPLICATION**

**NOTE:** Resumes are accepted but will not be used as a substitute for any section of this application.

|  |  |
|--|--|
| Position(s) Applied For                | Date Available to Start  |
| Last Name                              | First Name, Middle Name  |
| Home Phone (Cell Phone)                | Business Phone   |
| Mailing Address                        | City State Zip Code  |
| Driver's License Number/State of Issue | May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email Address                          |  |

Have you ever been convicted of a crime?  YES  NO

If you answered YES, in which state? \_\_\_\_\_

If you answered YES, please give details: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Have you ever been fired, terminated or asked to resign from any job you have held?

YES  NO

If you answered YES, please give details: \_\_\_\_\_

\_\_\_\_\_

In the past two years, how much time have you lost due to illness? Explain. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION AND TRAINING**

High School (Name and Address) \_\_\_\_\_  
 Date Graduated \_\_\_\_\_

**Higher Education**

| Name and Location | Dates Attended | No Sem Hours | No Qtr Hours | Degree | Major/Subject Area |
|-------------------|----------------|--------------|--------------|--------|--------------------|
|                   |                |              |              |        |                    |
|                   |                |              |              |        |                    |
|                   |                |              |              |        |                    |
|                   |                |              |              |        |                    |
|                   |                |              |              |        |                    |

**JOB CLASSIFICATION**

*Please check the job classification(s) you are applying for:*

- Office & Clerical     
  Cafeteria Cook     
  Maintenance  
 Substitute Teacher/Instructional Paraprofessional  
 Substitute Teacher     
  Instructional Paraprofessional     
  Both

**SKILLS AND EQUIPMENT**

*Please complete only the section(s) that apply to the job classification(s) you are applying for.*

**Office & Clerical**

Can you operate a keyboard? \_\_\_\_\_ words per minute \_\_\_\_\_ List types of computers you can operate \_\_\_\_\_

Job-related license or certificate(s) \_\_\_\_\_  
 \_\_\_\_\_

**Cafeteria Cook**

Do you have experience cooking for large groups (restaurants, institutions, etc.)? Explain.

\_\_\_\_\_  
 \_\_\_\_\_

Do you have experience in menu planning and food ordering? Explain. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Do you have a Food Worker Card or a Certified Food Protection Manager Credential?

\_\_\_\_\_  
 \_\_\_\_\_

**Maintenance**

Can you read and write? \_\_\_\_\_ What heavy equipment can you operate? \_\_\_\_\_

\_\_\_\_\_

What other equipment can you operate? \_\_\_\_\_

\_\_\_\_\_

What equipment can you maintain? \_\_\_\_\_

\_\_\_\_\_

Job-related license or certificate(s) \_\_\_\_\_

\_\_\_\_\_

**Substitute Teacher/ Instructional Paraprofessional**

Check the school that you are willing to work with:

Elementary (K-6)       ACSA(5-8)       Junior High(7-8)

High School (9-12)       All (K-12)

List any experience you have working with children: \_\_\_\_\_

\_\_\_\_\_

Do you have a four year college degree?       Yes       No

## WORK EXPERIENCE

*Include all jobs you have held within the past five years. List jobs in chronological order with the most current position first. Include all employment over three months in length.*

|   |                         |                              |
|---|-------------------------|------------------------------|
| Most Recent/Present Employer                                  | From                    | To                           |
| Address   | Name of Supervisor      |                              |
| City                      State                      Zip Code | Phone Number            |                              |
| Job Title   | Wages/Salary At Leaving | \$                      Per  |
| Duties  | Hr/Week                 | Number of Persons Supervised |
|   | Reason For Leaving      |                              |

|   |                         |                              |
|---|-------------------------|------------------------------|
| Employer  | From                    | To                           |
| Address   | Name of Supervisor      |                              |
| City                      State                      Zip Code | Phone Number            |                              |
| Job Title   | Wages/Salary At Leaving | \$                      Per  |
| Duties  | Hr/Week                 | Number of Persons Supervised |
|   | Reason For Leaving      |                              |

|   |                         |                              |
|---|-------------------------|------------------------------|
| Employer  | From                    | To                           |
| Address   | Name of Supervisor      |                              |
| City                      State                      Zip Code | Phone Number            |                              |
| Job Title   | Wages/Salary At Leaving | \$                      Per  |
| Duties  | Hr/Week                 | Number of Persons Supervised |
|   | Reason For Leaving      |                              |

|   |                         |                              |
|---|-------------------------|------------------------------|
| Employer  | From                    | To                           |
| Address   | Name of Supervisor      |                              |
| City                      State                      Zip Code | Phone Number            |                              |
| Job Title   | Wages/Salary At Leaving | \$                      Per  |
| Duties  | Hr/Week                 | Number of Persons Supervised |
|   | Reason For Leaving      |                              |

|   |                         |                              |
|---|-------------------------|------------------------------|
| Employer  | From                    | To                           |
| Address   | Name of Supervisor      |                              |
| City                      State                      Zip Code | Phone Number            |                              |
| Job Title   | Wages/Salary At Leaving | \$                      Per  |
| Duties  | Hr/Week                 | Number of Persons Supervised |
|   | Reason For Leaving      |                              |

|   |                         |                              |
|---|-------------------------|------------------------------|
| Employer  | From                    | To                           |
| Address   | Name of Supervisor      |                              |
| City                      State                      Zip Code | Phone Number            |                              |
| Job Title   | Wages/Salary At Leaving | \$                      Per  |
| Duties  | Hr/Week                 | Number of Persons Supervised |
|   | Reason For Leaving      |                              |



**REFERENCES**

*Give three references that NPS may contact who have knowledge of your work background. Include your most recent immediate supervisor. You cannot use relatives or your spouse as a reference. Please include the mailing address and email address, if known.*

|               |                 |
|---------------|-----------------|
| Name          | Mailing Address |
| Relationship  |                 |
| Business      | Phone Number    |
| Email Address |                 |

|               |                 |
|---------------|-----------------|
| Name          | Mailing Address |
| Relationship  |                 |
| Business      | Phone Number    |
| Email Address |                 |

|               |                 |
|---------------|-----------------|
| Name          | Mailing Address |
| Relationship  |                 |
| Business      | Phone Number    |
| Email Address |                 |

**AFFIDAVIT**

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and belief and that I have not knowingly withheld any fact of circumstance. I understand that any misrepresentation of material fact will be sufficient grounds for rejection of application, or removal from employment.

I authorize my present and previous employers to release to Nome Public Schools of the State of Alaska any information they may have regarding my character or employment record and release said employers from any damage or claim for furnishing said information. I hereby agree to submit to such physical and/or metal examinations as may be required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date