

REFERENCES 3 Professional and 3 Personal

Name	Title	Address	Telephone No.	Year

APPLICANTS SIGNATURE

I understand that Oneida School District #351 follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal laws, this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing and expressly approved by the Board of Trustees of Oneida School District. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be kept on file for a period of one year. After that time, if I Wish to be considered for employment, I must submit a new application. I understand that this Is my responsibility to notify the district Business Manager if I would like to be considered for a Position other than the position listed on this application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful Omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant: _____ Date: _____