

Aberdeen Catholic School System

1400 North Dakota Street
Aberdeen, SD 57401
Phone: (605) 226-2100
Fax: (605) 226-0616



Received by :	_____
Date:	_____
Date Interviewed:	_____
(For Office Use Only)	

ACSS APPLICATION FOR EMPLOYMENT

(Complete all applicable information - Incomplete applications will not be considered)

Aberdeen Catholic Schools (ACSS) is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, age, sex, disability, or veteran's status. ACSS does reserve the right to employ those who can best advance its Catholic mission. As a condition of employment, all applicants will be subject to a legal verification of criminal history, work history, and reference information. All offers of employment are contingent upon verification of all data contained either throughout this application or obtained through the interview process. ACSS also provides "reasonable accommodations" to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local laws. Please inform the receptionist in advance of any accommodations you may need to participate in our application process.

PERSONAL DATA

Date: _____

Name: _____
Last First Middle Social Security Number

Address: _____
Street City State Zip

Phone: _____
Home Work Message Number and Name

Have you ever applied for employment with us? Yes No If "Yes", Month/Year _____ / _____

If "Yes", location? _____

Position Desired: _____ Pay Expected: _____

When will you be available to begin work? _____

Apart from absence for religious observance, are you available for full-time work? Yes No

Religious Preference: _____ Parish: _____

How did you learn of our organization? _____

Are you a United States citizen? Yes No

If "No", do you have Employment Authorization? Yes No (please attach a copy)

Have you ever been convicted of a felony or misdemeanor? (Not including misdemeanor traffic infraction) Conviction of a crime does not bar you from employment. Yes No

If "Yes", Date: _____ Offense(s): _____

Within the last ten years have you ever been discharged or non-renewed from any position? Yes No

If Yes, please explain: _____

Complete the following if you are applying for a position that requires operating a motor vehicle:

Driver's License Number: _____ State: _____ Expiration Date: _____

Are you currently under contract to another school district or educational institution? Yes No

If "Yes", where? _____

Position Applied For: (Check desired positions or list specific position(s))

- Clerical
- Coaching
- Custodial
- Educational Support Staff
- Finance, Administrative, Auxiliary Service
- Food Service
- Maintenance
- Technology
- Other

Type of Employment Desired:

- Full Time
- Part Time
- 10 Month
- 12 Month
- Substitute/Temporary
- Different locations within a work day.

EDUCATION:

Education	Name, City, and State	Majors / Minors	No. of Years Finished	From/To	Did You Graduate?	Degree or Diploma
College or Vocational School				to		
High School or Equivalent				to		
Elementary						

REFERENCES: Include supervisor other than those listed in employment history (e.g. pastor, character reference, etc.)

Name	Position/Company	Address	Phone Number
1)			
2)			
3)			

HEALTH EXAMINATION: All applicants appointed to a position with the Aberdeen Catholic School System must have a completed South Dakota Certificate of Health Form within ten days of employment.

PREVIOUS WORK EXPERIENCE: (List current and former employers beginning with the most recent. Account for any gaps in your employment on a separate sheet of paper)

Company Name: _____

Address: _____
 Street City State Zip

Job Title: _____ No. Employees Supervised: _____

Dates Employed (Mo/Day/Yr): From: _____ To: _____

Supervisor's Name: _____ Phone: () _____

Duties: _____

May we contact this employer? Yes No Hours per week: _____ Final Salary/Rate: \$ _____

Reason for leaving: _____

Do Not Contact Employer: _____ Reason: _____

Company Name: _____

Address: _____
Street City State Zip

Job Title: _____ No. Employees Supervised: _____

Dates Employed (Mo/Day/Yr): From: _____ To: _____

Supervisor's Name: _____ Phone: (____) _____

Duties: _____

May we contact this employer? Yes No Hours per week: _____ Final Salary/Rate: \$ _____

Reason for leaving: _____

Do Not Contact Employer: _____ Reason: _____

Company Name: _____

Address: _____
Street City State Zip

Job Title: _____ No. Employees Supervised: _____

Dates Employed (Mo/Day/Yr): From: _____ To: _____

Supervisor's Name: _____ Phone: (____) _____

Duties: _____

May we contact this employer? Yes No Hours per week: _____ Final Salary/Rate: \$ _____

Reason for leaving: _____

Do Not Contact Employer: _____ Reason: _____

SIGNATURE AND AUTHORIZATION

ACCEPTANCE OF THIS APPLICATION BY ACSS AFFORDS THE APPLICANT NO ASSURANCE OF EVENTUAL EMPLOYMENT. IF YOU RECEIVE A CONDITIONAL OFFER OF EMPLOYMENT, YOU MAY BE REQUIRED TO TAKE A PHYSICAL EXAMINATION. IF EMPLOYED, YOU MUST VERIFY YOUR ABILITY TO LEGALLY ACCEPT EMPLOYMENT IN THE UNITED STATES. BACKGROUND INVESTIGATIONS, INCLUDING CRIMINAL RECORD AND CONTACTING FORMER EMPLOYERS, MAY BE REQUIRED. THIS APPLICATION DOES NOT CONSTITUTE A CONTRACT OF EMPLOYMENT. EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH REASONABLE NOTICE. WITH OR WITHOUT CAUSE, AT ANY TIME BY ACS.

I HAVE READ THE FOREGOING INSTRUCTIONS AND QUESTIONS AND MY ANSWERS ARE TRUE AND CORRECT. I HAVE NOT KNOWINGLY MISREPRESENTED OR WITHHELD ANY FACT OR CIRCUMSTANCE THAT WOULD, IF DISCLOSED, AFFECT MY APPLICATION UNFAVORABLY.

SIGNATURE OF APPLICANT: _____ **DATE:** _____