

APPLICATION FOR EMPLOYMENT

Allen Consolidated Schools

126 E. 5th Street – PO Box 190
Allen, Nebraska 68710-0190

Name: _____ Social Security Number: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Experience with regard to this position: _____

Number Of Years: _____

Number Of Years: _____

Number Of Years: _____

Education:

High School Diploma Y N (circle one)

College: _____

References: (Please list three references not related to you)

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

Are you presently employed? Y N (circle one)

If the answer is yes – please list where you are employed: _____

Do you have a valid driver's license? Y N (circle one)

During what hours can you be reached? _____

Date: _____ Signature: _____

Please return Application to:

Office of the Superintendent
Allen Consolidated Schools
PO Box 190 – 126 E. 5th Street
Allen, NE 68710-0190
Or by email: mpattee@allenschools.org