OFFICE USE ONLY HVS EDU Position(s) hired for
Wage(s) / hr
Work hours/week
Default Position
Default Location: LHS MHS
ApolloOther:

## **Employment Application**

HVRCE Office 2360 S. Milford Road, Highland 48357 248.676.8390





The Huron Valley School District is an Equal Opportunity Employer

ancestry, ag		r handicap shall be	discriminated against, exclu	n the basis of race, color, religion, national origin, uded from participation in, denied the benefits of or
Position for which	n you are applying	:		Date:
1. Name:	(Last)	(First)	(Middle)	Social Security Number last 4 dig:  XXX.XX
3. Address:	(Street)	(City)	(State/Zip)	4. Primary Phone Number
5. E-mail Address:				6. Secondary Phone Number
7. Are you an An	nerican citizen?	Yes No	р <u></u>	
8. Have you eve	r been convicted c	f a crime? Yes	□ No □ If yes, p	lease describe:
9. Are there any	felony charges pei	nding against yo	u? Yes 🗆 No 🗆	If yes, describe:
		-	tions, licenses (expirator which you are apply	tion dates), and training acquired from other
11. List any <b>other</b>	skills not listed ab	oove that would	benefit you as a Huro	on Valley employee:
12. Have you evo	er been dismissed No □If yes, expla	, ,	ent, refused re-employ	yment or suspended for disciplinary reasons?

13. Employment reco	ord ( <i>begin wi</i>	ith current emplo	oyer)					
Name & Address	5	Phone	Immediate Supervisor	From	То	Type of Work		
14. Education:								
High school:	Name			From		To		
	Location_							
College or	Name			From		To		
business school:	Location:_							
			t both locations when and if n		nd workir	ng ability:		
A. Name			Position					
Address			Phone	Phone				
B. Name Position								
Address Phone								
	ULLY BEFORE		uired to join the Michigan P ver all applicable questions o			•		
			GENERAL RELEASE					
		•	ire and verify any information able for any damages that m			• •		
• •			ication is complete and is co	•				
	•	-	ful statement in this applica pplication will become a per			•		
accepted for employing	ieni, i unuel	stanu tilat tilis d	ppheadon will become a per	тапенι β	art Or IIIy	personal reculus.		
Date	<del></del>		Applicant Signature (in full)					