

SPECIALIST APPLICATION

Return to:
GRAND COUNTY SCHOOL DISTRICT
264 South 400 East
Moab UT 84532

Date:		Social Security Number	
Name (Last / First / Middle):			
Address (Street / City / State / Zip)			
Home Phone:		Work Phone:	
Date of Birth (Optional):		Place of Birth (Optional):	
Position(s) for which are applying:			
Have you ever been convicted of a felony? YES NO If yes, please explain:			

REFERENCES (If available, a college placement bureau file is preferable over individual references)

Name	Address	Position / Business	Telephone Number

EDUCATIONAL PREPARATION (List most current education first)

Inclusive Dates	Name & Address of School	Degree	Credits Earned	Major/Minor	Date of Graduation

EXPERIENCE WORKING WITH / OVERSEEING YOUTH GROUPS

Title	Name & Address of Employer	Dates	Supervisor / Director & Phone Number	Length of Service

OTHER WORK EXPERIENCE

Dates of Employment	Employers Name & Address	Type of Work & Position Held Full or Part-time	Telephone Number

ADDITIONAL INFORMATION (List any other information which will assist us in reaching a true estimate of your qualifications)

AFFIRMATION: I certify that all statements made in this application are true and correct, and that any misstatement of material facts may subject me to disqualification or dismissal. Also, I authorize investigation of all statements made in this application.

Signature: _____
Date: _____