## DARLINGTON COMMUNITY SCHOOL DISTRICT Application Form

Position Apply:		For:	Date:		
Name:	: <u></u>		Phone No:		
Mailin	g Address:				
Educa	tion (Years):				
I.	WORK EXPER	IENCE:			
	Employed		Dates of Employment	Type of Work	
II.	REFERENCES:	:			
Name	and Address			Phone Number	
II.	SKILLS:				
IV.	Please indicate a position.	any data or information wl	hich you feel would advance y	our candidacy for this	

V.	Are you legally authorized	work in the United States? (yes or no)
	Will you now or in the to (yes or no)	e require sponsorship for employment visa status (e.g., H-1B status
organiz		nool District to make any inquiry of or receive information from any person bloyment; and do hereby give permission to these persons or organizations to prov
		Date:

The Darlington Community School District does not discriminate on the basis of: color, sex, race, religion, national origin (including limited-English proficiency), ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental,

emotional or learning disability.