



# APPLICATION FOR SENIOR CITIZEN TAX REBATE PROGRAM

Today's Date \_\_\_\_\_

## I. BIOGRAPHICAL INFORMATION

Telephone \_\_\_\_\_

Please Check one  Mr.  Mrs.  Miss

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State/Zip Code

E-mail Address: \_\_\_\_\_

\*Have you ever been employed by Littleton Public Schools?  Yes  No  
If yes, may we access your district personnel files to obtain the necessary documents for employment verification?  Yes  No  
Other name in which records might be recorded \_\_\_\_\_

## II. EDUCATION

Circle Highest Grade Completed High School College  
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6

List Below: High School, College, Graduate School, Business School, Trade Schools, Apprenticeship Programs, Etc.

FROM	TO	NAME	ADDRESS	MAJOR	DEGREE

## III. Do you have any physical restrictions that we need to take into consideration in order to make an appropriate volunteer placement? If yes, please list:.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## IV. Use this section to describe your qualifications and capabilities. Include specific skills, use of office equipment, machinery, and computers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## V. WORK HISTORY

List names of employers in consecutive order with **PRESENT OR LAST EMPLOYER LISTED FIRST.**  
**PLEASE GIVE MONTH AND YEAR.**

COMPANY NAME Address: City, State, Zip Code: Telephone:	Name of Last Supervisor:	Employed:  From:  To:
Title:	Reason for leaving:	
Duties:		

COMPANY NAME Address: City, State, Zip Code: Telephone:	Name of Last Supervisor:	Employed:  From:  To:
Title:	Reason for leaving:	
Duties:		

## VI. VOLUNTEER HISTORY

NAME OF ORGANIZATION Address: City, State, Zip Code: Telephone:	Name of Last Supervisor:	Employed:  From:  To:
Title:	Reason for leaving:	
Duties:		

NAME OF ORGANIZATION Address: City, State, Zip Code: Telephone:	Name of Last Supervisor:	Employed:  From:  To:
Title:	Reason for leaving:	
Duties:		



# SENIOR CITIZEN TAX REBATE PROGRAM SKILLS INVENTORY

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

✓ Check all convenient locations—map attached.

- Centennial     Highland     Runyon     Euclid     Options (Baby Care)
- East     Hopkins     Sandburg     Goddard     The Village (Preschool)
- Field     Lenski     Twain     Newton     Transportation Department
- Franklin     Moody     Whitman     Powell     Education Services Center
- Peabody     Wilder     Arapahoe     Littleton Academy
- Heritage     Littleton Preparatory
- I would consider other locations that need my skills.     Littleton

Place a ✓ next to your skills. Blank line in each category is for you to add a skill.

- A. CLERICAL**
  1.  Type
  2.  Sort/File
  3.  Telephone
  4.  Calculator
  5.  Copy Machine
  6.  \_\_\_\_\_
- B. TUTORING**
  1.  Math
  2.  Reading
  3.  History
  4.  Geography
  5.  Science
  6.  \_\_\_\_\_
- C. FOREIGN LANGUAGES**
  1.  Spanish
  2.  French
  3.  German
  4.  Japanese
  5.  Latin
  6.  \_\_\_\_\_
- D. COMPUTER**
  1.  Word Processing
  2.  Spread Sheet
  3.  Desk-Top Publishing
  4.  Programming
  5.  Repair
  6.  \_\_\_\_\_
- E. ENRICHMENT**
  1.  Art
  2.  Dance
  3.  Writing
  4.  Music
  5.  Theater
  6.  \_\_\_\_\_
- F. PHYSICAL ED/PLAYGROUND**
  1.  Supervision
  2.  Handicapped
  3.  Sports Medicine
  4.  \_\_\_\_\_
- G. TRANSPORTATION**
  1.  \_\_\_\_\_
  2.  \_\_\_\_\_
- H. CAFETERIA**
  1.  Food Preparation
  2.  Food Server
  3.  Operate Dishwasher
  4.  Room Supervisor
  5.  \_\_\_\_\_
- I. LABORATORIES**
  1.  Science
  2.  Computer
  3.  Industrial Arts
  4.  Domestic Arts
  5.  \_\_\_\_\_
- J. LIBRARY**
  1.  Check In/Out Books
  2.  Stock Shelves
  3.  Repair/Mend Books
  4.  Research Material
  5.  Story Telling
  6.  \_\_\_\_\_
- K. CLINIC**
  1.  Attendant
  2.  Record Keeping
  3.  Dispensing Drugs
  4.  TLC
  5.  \_\_\_\_\_
- L. ENRICHMENT PROGRAMS**
  1.  Odyssey of the Mind
  2.  Omnibus
  3.  Spelling Club Coach
  4.  Chess Club Coach
  5.  Science Fair
  6.  Future Problem Solving
  7.  Knowledge Master Open
  8.  Math Team Coach
  9.  Jr. Great Books Leader
  10.  \_\_\_\_\_
- M. MAIL ROOM/PRINT SHOP**
  1.  Sort Mail to Dept.
  2.  Operate Postage Machine
  3.  Binding/Collating
  4.  \_\_\_\_\_
  5.  \_\_\_\_\_
- N. MAINTENANCE**
  1.  Custodial
  2.  Yard Work
  3.  Landscaping
  4.  Warehouse
  5.  \_\_\_\_\_
- O. MISCELLANEOUS**
  1.  Fund Raising
  2.  Community Organizing
  3.  Newsletters
  4.  \_\_\_\_\_
- P. OPTIONS**
  1.  Baby Care
  2.  \_\_\_\_\_
- Q. THE VILLAGE**
  1.  Preschool Children
  2.  \_\_\_\_\_
- R. HOBBIES**
  1.  \_\_\_\_\_
  2.  \_\_\_\_\_
- S. SERVICE CLUBS/ ORGANIZATIONS**
  1.  \_\_\_\_\_
  2.  \_\_\_\_\_
  3.  \_\_\_\_\_
- T. OTHER INTERESTS**
  1.  \_\_\_\_\_
  2.  \_\_\_\_\_
  3.  \_\_\_\_\_

**VII. CHARACTER REFERENCES:** Do not list relatives or former employers already listed. This information is **NOT** required if **complete** data is given on at least two people in sections IV and V.

Name	Address	City	State	Zip	Telephone

**VIII. LEGAL INFORMATION**

**Yes**      **No**

Have you been dismissed from any position for immoral or unprofessional conduct or for unfitness for service?           

Have you, since the age of 18, ever been convicted of a misdemeanor or felony?  
**Note:** A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances, and seriousness.           

If any of the above statements have been answered YES, attach explanation.

I understand that Littleton Public Schools, as part of the volunteer process, will request an outside company Background Information Services, Inc. (BIS) to conduct an investigation of my background. I authorize Littleton Public Schools and its agents to verify all information contained in this agreement and to conduct a complete volunteer background check on me that may include the following: **Criminal History Check, Civil Records Check, Social Security Number Verification, Education Verification, Employment Verification, Motor Vehicle/Driving Records, Professional/Personal Reference Verification and, if applicable, a Professional License Verification.** I further agree that the District may need to update this information or conduct subsequent investigations from time to time during my tenure as a volunteer and I expressly authorize such acts. I understand that this agreement is contingent upon the successful completion of the background investigation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: A COPY OF YOUR CURRENT TAX NOTICE (LISTING DOLLAR AMOUNTS) MUST BE ATTACHED.**

**PLEASE CALL 303-347-3411 TO SUBMIT YOU APPLICATION.**