

APPLICATION

For Employment



Gallia County
Local Schools

(PLEASE PRINT)

Position(s) Applied For:		Date of Application:			
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry			
<input type="checkbox"/> Employment	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
Last Name:		First Name:		Middle Name:	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (voluntary)		

Best time to contact you at home is: _____ : _____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Date available for work ____/____/____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Education

School	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Work Experience

Start with you present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/ Present Job Title			
Supervisor			
Reason For Leaving			May we contact

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/ Present Job Title			
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	From	To	
Address			
Telephone Number(s)			
Starting/ Present Job Title			
Supervisor			
Reason For Leaving			May we contact

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

List Professional, trade, business or civic activities and offices held.

Additional Information

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

Specialized Skills (Skills/ Equipment Operated)

<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Spreadsheet	Production/ Mobile Machinery (list)	Other
<input type="checkbox"/> PC/ MAC	<input type="checkbox"/> Word Processing	_____	_____
	<input type="checkbox"/> WPM	_____	_____

Personal/ Professional References

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

Applicant's Statement

I certify that answers given are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

The Gallia County Local School District does not discriminate on the basis of sex, race, color, national origin or handicap in educational programs, activities and employment practice. The School District does not deny participation in, benefits of, nor is subject to discrimination under any programs receiving Federal financial assistance. This policy is in compliance with applicable state and federal regulations; any questions concerning the application of these regulations should be directed to Title IX Coordinator, Charla Evans, Gallia County Local Schools, 446-7917 or the Director of Civil Rights of the Department of Health, Education, and Welfare.