

Classified
Application

CHERAW SCHOOL DISTRICT #31

APPLICANT INSTRUCTION: Please read "APPLICANT NOTE". Complete all three pages of this form. If more space is needed to complete any question, use general comments section or attached sheet. Type or print clearly; incomplete or illegible applications will not be processed.

Today's Date: _____ Date Available: _____

Name: _____
 Last First Middle

Home Phone: _____ Work Phone: _____

Current Address: _____

Applicant Note: This application form is intended for use in evaluating your suitability for employment. It is not an employment contract. Please answer all appropriate, completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. To assure qualification for essential functions of the job, employment may be contingent upon the results of additional testing of your job-related skills, mental/physical condition and for the presence of drugs in your body.

**MARK APPROPRIATE CHOICE
ENDORSED**

INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE

- | | | |
|---|--|---|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Teacher Aide | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Previous Application on File | <input type="checkbox"/> Library/Media | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Former Employee of District | <input type="checkbox"/> Food Service | <input type="checkbox"/> Bookkeeper |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Janitor | <input type="checkbox"/> Other(explain _____) |
| <input type="checkbox"/> Part- Time | | |

GENERAL INFORMATION

Are you employed now? ___ Yes ___ No If yes, where? _____

Present Position? _____

If presently employed, why do you wish to change? _____

Referral Source: Advertisement/Posting - Employee - Friend - Other (Explain) _____

Have you ever been refused employment? (If yes-comment below) ___ Yes ___ No

Have you ever been discharged or requested to resign from a position? (If yes - comment below) ___ Yes ___ No

Have you ever had a certificate or license revoked or suspended? (If yes - comment below) ___ Yes ___ No

Have you ever been convicted of a felony? (If yes - comment below) ___ Yes ___ No

Please list any of the skills, licenses, fluency in other languages or certificates that you have held. _____

WORK EXPERIENCE

Employer	City/State	Type of Work	Date Started/Ended	Phone #

EDUCATIONAL AND PROFESSIONAL TRAINING

Level of Education	Name of School	State	Field of Study	Dates of Attendance	Degree	Yr. of Grad.
High School						
College						

HEALTH AND SAFETY

Have you had any work related illness or injuries? Yes No
 If you have had such illnesses or injuries, would these prevent you from performing essential functions of the described job?
 Yes No
 Do you have any physical or mental conditions which would affect your job performance, your safety or the safety of others in the workplace or during your work? Yes No
 If hired, would you be taking medication or drugs which would affect your job performance, your safety or the safety of others in the workplace or during your work? Yes No

If you have answered yes to any of these questions, please describe in the space provided below.

DRIVING RECORD

Do you have a valid driver's license? Yes No

Have you had any moving traffic convictions in the past seven years? Yes No

Date of Issue _____ Dr. Lic. # _____ Type of Driver's License _____

Endorsements? _____ Restrictions? _____

REFERENCES

It is the applicant's responsibility to provide the following in order to be considered for employment.

Name of Reference	Position/Relationship	Mailing Address	Phone #
1.			
2.			
3.			

OTHER INFORMATION

To avoid conflict of interest, list any local school board member or employee relative(s) of the school and cite relationship.

Estimate your total absence from work or school for the last three years and explain reason(s).

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the school and/or its agents including consumer reporting bureaus to verify any of this information by searching appropriate information concerning my background and hereby release those parties from any liability for any damages whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If school policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to being offered a position and/or during employment.

Signature

Date

FOR OFFICE USE ONLY

Background information requested:

- | | |
|---------------------------|-------------------------------|
| 1. Former employers _____ | 4. MVR (Driving Record) _____ |
| 2. References _____ | 5. Criminal Record _____ |
| 3. Workers' Comp. _____ | |