



Shelby City Schools
(419) 342-3520

25 High School Avenue
P. O. Box 31
Shelby, Ohio 44875-0031

Application for Classified Employment

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

Please Print or Type

P E R S O N A L	Last Name _____ First _____ Middle _____			Date _____
	Street Address _____			Home Phone () _____
	City, State, Zip _____			Business Phone () _____
	Have you ever applied for employment with us? [] Yes [] No If Yes: Month and Year _____ Location _____			Social Security No. _____
	Position Desired: _Secretarial _Aide _Custodial _Maintenance _Food Service _Bus Driver _Other _____			Pay Expected _____
	Are you available to work _Full Time _Part-Time _Substitute _Summer			Will you work overtime if asked? [] Yes [] No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Special training or skills (languages, machine operation, etc.) _____			
	Have you any limitations which preclude you from performing certain duties on the job which you have applied? [] Yes [] No If Yes, describe the limitation. _____			
	How did you learn of our organization? _____			

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	High					
	Additional Training					

MEMBERSHIP IN PROFESSIONAL OR TRADE RELATED ORGANIZATIONS

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving If laid off, eligible for recall? _____
2	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving If laid off, eligible for recall? _____
3	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving If laid off, eligible for recall? _____
4	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving If laid off, eligible for recall? _____
5	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving If laid off, eligible for recall? _____

We will contact the employers listed above.

M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service
	Describe your duties and any special training	Period of Active Duty (Month & Year) From To
		Rank at Discharge
		Date of Final Discharge

P E R S O N A L R E F E R E N C E S	LIST INFORMATION FOR THREE PEOPLE NOT RELATED TO YOU.	
	1.	
	NAME	
	ADDRESS	PHONE
	CAPACITY IN WHICH PERSON KNOWS YOU	
	2.	
	NAME	
	ADDRESS	PHONE
	CAPACITY IN WHICH PERSON KNOWS YOU	
	3.	
	NAME	
	ADDRESS	PHONE
CAPACITY IN WHICH PERSON KNOWS YOU		

S I G N A T U R E	I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.	
	_____	_____
	Date	Signature

FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K	EMPLOYER	PERSON CONTACTED	RESULTS
	1		
	2		
	3		
	4		
	5		

P E R S O N A L R E F E R E N C E S	REFERENCE	DATE	COMMENTS
	1		
	2		
	3		

I N T E R V I E W	INTERVIEWER NAME AND COMMENTS