



**MARGARETTA LOCAL SCHOOL DISTRICT
APPLICATION FOR EMPLOYMENT - CLASSIFIED**

Margaritta Local Board of Education
305 South Washington Street
Castalia, OH 44824

To applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. **(Please note:** Drug, Alcohol, & Tobacco testing will be done on all new applicants prior to hiring.)

PERSONAL

Name _____ SS# _____
Present Address _____ Phone No. _____
City, State, Zip _____ Cell No. _____
Email Address _____

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? ___ If yes, please explain: _____

Position(s) applied for _____

Would you work Full-Time ___ Part-Time ___ Specify days and hours if part-time _____

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available to work? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization?

RECORD OF EDUCATION

<u>School</u>	<u>Name and Address of School</u>	<u>Course of Study</u>	<u>Date of Graduation</u>
Elementary:	_____	_____	_____
High School:	_____	_____	_____
College:	_____	_____	_____
Other: (Specify)	_____	_____	_____

Please Complete Other Side

List below all present and past employment, beginning with your most recent.

I	Name & Address of Company and Type of Business	From		To		Describe the work you did.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.					
	Telephone:									

II	Name & Address of Company and Type of Business	From		To		Describe the work you did.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.					
	Telephone:									

III	Name & Address of Company and Type of Business	From		To		Describe the work you did.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.					
	Telephone:									

IV	Name & Address of Company and Type of Business	From		To		Describe the work you did.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.					
	Telephone:									

V	Name & Address of Company and Type of Business	From		To		Describe the work you did.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.					
	Telephone:									

May we contact the employers listed above? ____ If not, indicate by *No* which one(s) you do not wish us to contact.

PERSONAL REFERENCES (Not former employers or relatives.)

Name and Occupation	Address	Phone Number