

APPLICATION FOR EMPLOYMENT CLASSIFIED – SUMMER WORKERS Margaretta 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. (**Please note**: Drug, Alcohol, & Tobacco testing will be done on all new applicants prior to hiring.)

PERSONAL

Name		SS#	
Last	First	Middle	
Present Address		Phone No	
City, State, Zip		Cell No	
		ability to perform the particular job for which	
Position(s) applied for			
Would you work Full-Time _	Part-Time Spec	ify days and hours if part-time	
Were you previously employ	ed by us? If yes, w	hen?	
If your application is conside	red favorably, on what date	will you be available for work?	
Are there any other experier our organization?	nces, skills, or qualifications v	which you feel would especially fit you for worl	k with
		<u> </u>	

RECORD OF EDUCATION

<u>School</u>	Name and Address of School	Course of Study	Did you Graduate?
Elementary: _		_ xxxxxxxxx	xxxxxxxxxxx
High School:			
College:			
Other:			