# ADAMS CENTRAL COMMUNITY SCHOOLS

222 W. Washington St.
Monroe, IN 46772
Phone: 260/692-6193

## APPLICATION FOR THE POSITION OF:

_____ Aide  _____ Bus Operator  _____ Cafeteria  _____ Custodian  _____ Secretary  _____ Other

## PERSONAL INFORMATION

Date of Application: _____          Social Security Number: _____

_____          _____          _____
Last Name                                                    First Name                                                    Middle Initial

_____          _____          _____
Present Address                                                                                                                     Phone Number

_____
Email Address

Can you show proof you are a lawful resident of the United States:          _____ Yes  _____ No

Have you ever been arrested for anything other than a minor traffic violation          _____ Yes  _____ No
    (If yes, please explain by confidential letter)

## EDUCATION AND TRAINING

| School | Name & Location | Dates Attended | Major/Area of Study | Date of Graduation |
|---|---|---|---|---|
| High School | | | | |
| College or University | | | | |

Describe any other education or training you have received (vocational, business, correspondence courses, apprenticeships, armed forces, etc.): _____

_____

_____

*ADAMS CENTRAL COMMUNITY SCHOOLS fully recognizes the rights of individuals to seek employment opportunities without regard to their race, sex, age, religion, or national origin.*

# WORK EXPERIENCE

1. Name & address of employer _____
   Period of employment: From _____ to _____      Salary: _____
   Position held/duties _____
   _____
   Reason for leaving _____

2. Name & address of employer _____
   Period of employment: From _____ to _____      Salary: _____
   Position held/duties _____
   _____
   Reason for leaving _____

3. Account for all periods of unemployment in this space
   _____
   _____
   _____

Please list qualifications or additional information which may reflect upon your candidacy.

_____
_____
_____
_____

# REFERENCES

| Name | Address | Phone | Work or Personal |
|------|---------|-------|------------------|
|      |         |       |                  |
|      |         |       |                  |
|      |         |       |                  |

By signing below, you are granting your permission for Adams Central Community Schools to communicate with the persons named as references in connection with the employment described above.

I certify that all answers to the questions on this application are true and I agree that any misstatements of material fact may be cause for rejection.

Signature _____    Date: _____