

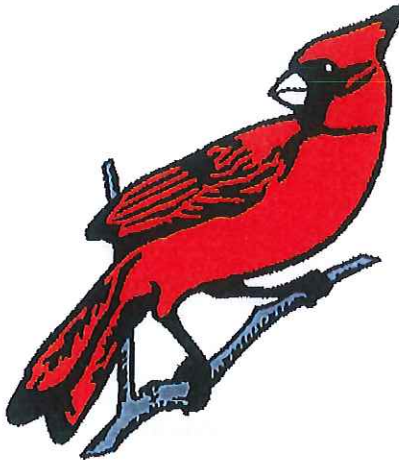
FELICITY-FRANKLIN LOCAL SCHOOL DISTRICT

www.felicityfranklinschools.org

415 Washington Street
Felicity, Ohio 45120

(513) 876-2113

"If a nation expects to be both ignorant and free, in a state of civilization, then it expects what never was and never will be." ~ Thomas Jefferson



APPLICATION EDUCATIONAL SUPPORT SERVICES

Name _____

Position Desired _____

Date _____

PERSONAL INFORMATION

Name _____ Social Security No. _____
Last First Middle

Address _____ Telephone No. _____
Street or Box Number

City State Zip Code

Present Position _____ Employer _____

Employer Address _____

POSITIONS APPLYING FOR

_____ Fulltime _____ Part-time _____

When would you be available? _____ Substitute _____

EDUCATIONAL TRAINING

School	Location	Length of Attendance	Graduated (Yes or No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE (begin with last employer)

Company	Address	Length of Employment	Nature of Work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES (List three references who know your work)

Name	Street Address	City	State	Zip	Telephone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PERSONAL DATA

1. Do you have any health conditions that would prevent you from performing the job for which you are applying? (Y or N)

If yes, explain. _____

2. Are you legally authorized to work in the United States? (Y or N)

3. Have you filed an application with this district before? (Y or N)

If yes, when? _____

4. Please list any skills, experience, etc. you have that would enable you to perform or better perform the job for which you are applying. _____

INTERVIEWED BY _____ DATE _____

COMMENTS:

Mention, in your own handwriting, any other pertinent information which might strengthen your application for this position.

I certify that all the statements made by me in this application are true, complete and correct to the best of my knowledge and that I am aware that any false statements will be sufficient cause for rejection or dismissal.

I hereby authorize the transfer of all school records as defined by PL-93-380 and amendments thereto. I further authorize Felicity-Franklin Local School to contact the above listed reference and their release of information without notifying me that the records and information are being transferred. I understand that the school may want to verify the statements I have made in this application. I hereby give my permission for its authorized representative either at this time or any time during my employment to request and review any of my medical records, employment records, court records and police records from any local, state or federal agency keeping such records. Records, references and information transferred by this release are not to be transferred to any other third party.

Applicant Signature _____ Date _____