

# CLASSIFIED PERSONNEL APPLICATION

LOCKWOOD R-1 SCHOOLS  
400 WEST 4<sup>TH</sup> STREET  
LOCKWOOD, MO 65682

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State Zip

TELEPHONE \_\_\_\_\_  
Home/Work Cell

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE \_\_\_\_\_ DATE AVAILABLE \_\_\_\_\_

POSITION FOR WHICH APPLICATION IS MADE: (Check Those of Interest)

Secretarial/Clerical	_____	Bookkeeping/Accounting	_____
Bus Driver	_____	Maintenance	_____
Food Service	_____	Teacher Aide	_____

TRAINING	Name of School	Degree/Diploma	Dates Attended
High School	_____	_____	_____
College	_____	_____	_____
Trade/Technical	_____	_____	_____
Other	_____	_____	_____

List Particular Skills You Have That Are Applicable To This Position:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been asked to resign or been discharged from a job?

NO \_\_\_\_\_ YES \_\_\_\_\_ For What Reason \_\_\_\_\_

\_\_\_\_\_

**EXPERIENCE:**

COMPANY	ADDRESS/PHONE	TYPE WORK	DATE

**REFERENCES:** (References are required for employment including supervisors under whom you have worked and have knowledge of your character and skills)

NAME	POSITION	COMPLETE ADDRESS/PHONE

You may provide any additional information that will help us know you better and that will give us a more complete picture of your training, experience, character and ability.

I here by certify that the facts set forth in this application are true and complete and I hereby authorize the School District of Lockwood to collect confidential references to determine my qualifications for the position. I understand false statements in this application may be sufficient cause for dismissal.

Signature

Date

The School District of Lockwood does not discriminate on the basis of race, creed, sex, national origin or handicapping condition. Inquiries concerning the District’s compliance with Title IX and Section 504 should be directed to the Title IX and Section 504 Administrators, Lockwood, Missouri 65682 (417) 232-4513