



**Shelby City Schools**  
**(419) 342-3520**

**25 High School Avenue**  
**P. O. Box 31**  
**Shelby, Ohio 44875-0031**

## Application for Classified Employment

*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.*

Please Print or Type

<b>P E R S O N A L</b>	Last Name _____ First _____ Middle _____			Date _____
	Street Address _____			Home Phone (    ) _____
	City, State, Zip _____			Business Phone (    ) _____
	Have you ever applied for employment with us? [ ] Yes [ ] No If Yes: Month and Year _____ Location _____			Social Security No. _____
	Position Desired:    _Secretarial    _Aide    _Custodial _Maintenance    _Food Service    _Bus Driver    _Other _____			Pay Expected _____
	Are you available to work _Full Time    _Part-Time    _Substitute    _Summer			Will you work overtime if asked? [ ] Yes [ ] No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Special training or skills (languages, machine operation, etc.) _____			
	Have you been convicted of a crime which has not been annulled, expunged or seal by a court? [ ] Yes [ ] No If Yes, describe in full. _____			
	Have you any limitations which preclude you from performing certain duties on the job which you have applied? [ ] Yes [ ] No If Yes, describe the limitation. _____			
How did you learn of our organization? _____				

<b>E D U C A T I O N</b>	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	High					
	Additional Training					

<b>MEMBERSHIP IN PROFESSIONAL OR TRADE RELATED ORGANIZATIONS</b>

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

<b>1</b>	Company Name	Telephone (    )
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for Leaving  If laid off, eligible for recall? _____
<b>2</b>	Company Name	Telephone (    )
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for Leaving  If laid off, eligible for recall? _____
<b>3</b>	Company Name	Telephone (    )
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for Leaving  If laid off, eligible for recall? _____
<b>4</b>	Company Name	Telephone (    )
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for Leaving  If laid off, eligible for recall? _____
<b>5</b>	Company Name	Telephone (    )
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for Leaving  If laid off, eligible for recall? _____

We will contact the employers listed above.

<b>M I L I T A R Y</b>	<b>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</b>	Branch of Service
	Describe your duties and any special training	Period of Active Duty (Month & Year) From                      To
		Rank at Discharge
		Date of Final Discharge

<b>P E R S O N A L  R E F E R E N C E S</b>	<b>LIST INFORMATION FOR THREE PEOPLE NOT RELATED TO YOU.</b>	
	1.	
	NAME	
	ADDRESS	PHONE
	CAPACITY IN WHICH PERSON KNOWS YOU	
	2.	
	NAME	
	ADDRESS	PHONE
	CAPACITY IN WHICH PERSON KNOWS YOU	
	3.	
	NAME	
	ADDRESS	PHONE
CAPACITY IN WHICH PERSON KNOWS YOU		

<b>S I G N A T U R E</b>	I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.	
	_____	_____
	Date	Signature

*FOR EMPLOYER'S USE ONLY*

<b>R E F E R E N C E  C H E C K</b>	<b>EMPLOYER</b>	<b>PERSON CONTACTED</b>	<b>RESULTS</b>
	<b>1</b>		
	<b>2</b>		
	<b>3</b>		
	<b>4</b>		
	<b>5</b>		

<b>P E R S O N A L  R E F E R E N C E S</b>	<b>REFERENCE</b>	<b>DATE</b>	<b>COMMENTS</b>
	<b>1</b>		
	<b>2</b>		
	<b>3</b>		

<b>I N T E R V I E W</b>	<b>INTERVIEWER NAME AND COMMENTS</b>