

FOUR COUNTY AREA VOCATIONAL COOPERATIVE
1607 DOWLING STREET
KENDALLVILLE, IN 46755

GARRETT-KEYSER-BUTLER COMMUNITY SCHOOL DISTRICT (LEA)

APPLICATION FOR EMPLOYMENT
(Classified Personnel)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Date of application: _____

Last name: _____ First name: _____ Middle name: _____

Address: _____ City: _____ IN: _____ Zip: _____

Telephone: () _____ Social Security Number: _____

Position Desired: _____

Have you ever filed an application with us before? _____ Yes _____ No

If yes, give date: _____

Position applied for: _____

Have you ever been employed with us before? _____ Yes _____ No

If yes, give date: _____

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Have you ever been arrested? _____ Yes _____ No

If yes, please explain: _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? _____

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer: _____	Supervisor: _____
Address: _____	City: _____ State: _____ Zip: _____
Telephone: () _____	Job Title: _____
Dates Employed From: _____	to: _____
Hourly Rate/Salary: _____	Reason for leaving: _____
Work Performed: _____	

Employer: _____	Supervisor: _____
Address: _____	City: _____ State: _____ Zip: _____
Telephone: () _____	Job Title: _____
Dates Employed From: _____	to: _____
Hourly Rate/Salary: _____	Reason for leaving: _____
Work Performed: _____	

Employer: _____	Supervisor: _____
Address: _____	City: _____ State: _____ Zip: _____
Telephone: () _____	Job Title: _____
Dates Employed From: _____	to: _____
Hourly Rate/Salary: _____	Reason for leaving: _____
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Employer: _____	Supervisor: _____
Address: _____	City: _____ State: _____ Zip: _____
Telephone: () _____	Job Title: _____
Dates Employed From: _____	to: _____
Hourly Rate/Salary: _____	Reason for leaving: _____
Work Performed: _____	

Please continue on a separate sheet of paper if you need additional space.

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience:

EDUCATION

	Elementary					High School				Undergraduate College/University				Graduate Professional			
School Name and Location:	_____					_____				_____				_____			
Years Completed (Check)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree	_____					_____				_____				_____			
Describe Course Of Study:	_____					_____				_____				_____			

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any honors you have received:

State any additional information you feel may be helpful to us in considering your application:

List professional, trade, business or civic activities & offices held. You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

REFERENCES: Give name, address, and telephone number of three references who are not related to you and are not previous employers.

APPLICANT STATEMENT:

I certify that the answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: _____

Remarks: _____

Interviewer:

Date:

Employed: _____ Date of Employment: _____

Job Title: _____ Hourly Rate/Salary: _____

By: _____ Date: _____

Name, Title

NOTES: _____

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