

APPLICATION FOR EMPLOYMENT SERVICE

MINGO COUNTY SCHOOLS
RT. 2, BOX 310
WILLIAMSON, WV 25661
(304) 235-3333

INSTRUCTIONS:

1. COMPLETE AND RETURN APPLICATION TO PERSONNEL OFFICE.
2. PROVIDE COPY OF HIGH SCHOOL DIPLOMA OR GED CERTIFICATE.
3. PROVIDE COPY OF COLLEGE TRANSCRIPT OR VOCATIONAL TRAINING. (IF APPLICABLE)

As required by federal laws and regulations, the Mingo County Board of Education does not discriminate on the basis of sex, color, religion, handicapping condition, age and national origin in employment and in the administration of any of its education programs and activities. Inquiries may be directed to Randy Keathley, Title IX Coordinator, Mingo County Board of Education, Route 1 Box 310, Williamson, WV 25661, (304) 235-3333; Karen Browning, Section 504 Coordinator, Mingo County Board of Education, Route 1 Box 310, Williamson, WV 25661, (304) 235-3333; to the Elimination of Sex Discrimination Program Coordinator, 348-7864; or to the U.S. Department of Education's Director of the Office for Civil Rights (215) 596-6795.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER NAME ON RECORDS

PERSONAL

LAST NAME	FIRST	MIDDLE	MAIDEN
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SOCIAL SECURITY NUMBER

PRESENT ADDRESS	PHONE () -
PERMANENT ADDRESS	PHONE () -

ARE YOU UNDER CONTRACT TO ANOTHER SCHOOL SYSTEM?		
YES	NO	RELEASE DATE:
WOULD YOU CONSIDER PART-TIME EMPLOYMENT?		
YES	NO	
WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?		

EDUCATIONAL INFORMATION

EDUCATION	NAME AND ADDRESS OF SCHOOL	DATE OF GRADUATION	DEGREE/MAJOR
HIGH SCHOOL			
COLLEGE			
COLLEGE			
VOCATIONAL TRAINING			

WORK EXPERIENCE

EMPLOYER	ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING

REFERENCES

(GIVE THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS/PHONE	BUSINESS	YEARS KNOWN

IN CASE OF EMERGENCY NOTIFY

NAME	ADDRESS	PHONE

SIGNATURE

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL AND OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

DATE

SIGNATURE OF APPLICANT

FOR EMPLOYER'S USE ONLY

REFERENCE CHECK

EMPLOYER	PERSON CONTACTED	RESULTS

INTERVIEW RESULTS

COMMENTS