

# CENTRAL NOBLE COMMUNITY SCHOOL CORPORATION

## APPLICATION FOR CLASSIFIED STAFF POSITION

*Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. Application must be completed in full even if attaching a resume.*

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

POSITION YOU ARE APPLYING FOR: \_\_\_\_\_

HOW WERE YOU REFERRED: \_\_\_\_\_

**PLEASE CHECK SCHEDULE AVAILABILITY:**

I am available, desire to work FULL-TIME (30 to 40 hours), and do not have restrictions on my hours and days (Complete Section B)

I am available and desire to work PART-TIME (if 29 or less hours a week, please complete Sections A & B)

A. I am only available for PART-TIME because:

Student  Other Job  Other (explain) \_\_\_\_\_

| B. HOURS AVAILABLE            | MON              | TUE              | WED              | THUR             | FRI              | SAT              | SUN              |
|-------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| I can start my job at:        | __A.M.<br>__P.M. | __A.M.<br>__P.M. | __A.M.<br>__P.M. | __A.M.<br>__P.M. | __A.M.<br>__P.M. | __A.M.<br>__P.M. | __A.M.<br>__P.M. |
| I will need to end my job by: | __A.M.<br>__P.M. | __A.M.<br>__P.M. | __A.M.<br>__P.M. | __A.M.<br>__P.M. | __A.M.<br>__P.M. | __A.M.<br>__P.M. | __A.M.<br>__P.M. |

DATE AVAILABLE TO BEGIN WORK: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

| EDUCATION TYPE OF SCHOOL | NAME AND ADDRESS OF SCHOOL | MAJOR SUBJECT | CIRCLE LAST YEAR ATTENDED | GRADUATED    | TYPE OF DEGREE HS, AA BS, BA OTHER |
|--------------------------|----------------------------|---------------|---------------------------|--------------|------------------------------------|
| HIGH SCHOOL              |                            |               | 9 10 11 12                | [ ]YES [ ]NO |                                    |
| BUSINESS TRADE OTHER     |                            |               | 1 2 3 4                   | [ ]YES [ ]NO |                                    |
| COLLEGE                  |                            |               | 1 2 3 4                   | [ ]YES [ ]NO |                                    |
| COLLEGE                  |                            |               | 1 2 3 4                   | [ ]YES [ ]NO |                                    |
| GRADUATE SCHOOL          |                            |               | 1 2 3 4                   | [ ]YES [ ]NO |                                    |

**PLEASE ATTACH A COPY OF YOUR COLLEGE TRANSCRIPTS & RESUME**

**ADDITIONAL EXPERIENCE OR QUALIFICATIONS**

List any other experience, skills, or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.

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Please indicate any prior military service, which you would like to include in connection with your application for employment.

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**ATTENDANCE AND PUNCTUALITY INFORMATION**

Consistent attendance and punctuality are essential requirements of every job with this School. Is there anything that would interfere with your regular attendance and punctuality if you were offered a job with the School?

\_\_\_\_\_ YES    \_\_\_\_\_ NO

If Yes, please explain

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**REFERENCES - Please List 3 (no relatives)**

|                      |  |
|----------------------|--|
| 1. NAME              | Business Phone & Home or Cell Phone<br>( ) ( ) |
| Home Address         | Title Relationship                             |
| City and State (Zip) | How Long Have You Known This Person            |
|                      |  |
| 2. NAME              | Business Phone & Home or Cell Phone<br>( ) ( ) |
| Home Address         | Title Relationship                             |
| City and State (Zip) | How Long Have You Known This Person            |
|                      |  |
| 3. NAME              | Business Phone & Home or Cell Phone<br>( ) ( ) |
| Home Address         | Title Relationship                             |
| City and State (Zip) | How Long Have You Known This Person            |
|                      |  |

**EMPLOYMENT HISTORY**

**Begin with your most recent employment**

1. Name of Employer:

Address of Employer:

Phone No. of Employer:

Type of Business:

What Was Your Job Title:

Describe Your Job Duties:

Name & Title of Your Immediate Supervisor: \_\_\_\_\_

May We Contact Your Employer \_\_\_YES \_\_\_NO, If "NO" please explain why:

Reason For Leaving (please explain):

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending or Current Salary: \_\_\_\_\_

2. Name of Employer:

Address of Employer:

Phone No. of Employer:

Type of Business:

What Was Your Job Title:

Describe Your Job Duties:

Name & Title of Your Immediate Supervisor: \_\_\_\_\_

May We Contact Your Employer \_\_\_\_\_YES \_\_\_\_\_NO, If "NO" please explain why

Reason For Leaving (please explain): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

3. Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone No. of Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_

What Was Your Job Title: \_\_\_\_\_

Describe Your Job Duties: \_\_\_\_\_

Name & Title of Your Immediate Supervisor: \_\_\_\_\_

May We Contact Your Employer \_\_\_\_\_ YES \_\_\_\_\_ NO, If "NO" please explain why

\*\*\* IF THERE ARE MORE THAN 3 EMPLOYERS PLEASE FILL OUT AN ADDITIONAL FORM.

### GENERAL INFORMATION

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? [ ] YES [ ] NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? [ ] YES [ ] NO

(A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT) IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? [ ] YES [ ] NO IF YES, PLEASE EXPLAIN:

### NOTIFICATION AND AGREEMENT

**PLEASE READ BEFORE SIGNING**

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION, OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ENCLOSED OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the School to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local Law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I release the employer from all liability that might result from making an investigation.

Indiana is an "At-Will" State. If hired, I agree to abide by all of the School rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the School or me, I further understand that no representation, whether oral or written by any representative or agent of the School, at any time, can constitute a contract of employment. I understand that the School and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the School, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Superintendent and/or Board, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**INTERVIEWED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_