

Elementary and Secondary Education

School	School District	City & State	Number of Years Attended	Date of Graduation
Elementary				
Secondary				

College and Professional Education

Name of College	Address	Dates Attended	Degree Earned	Major	Minor

EXPERIENCE

Name and Complete Address of Employer	Position Held	Period of Service From / To	Number of Months/Years	Supervisor	Reason For Leaving

Have you ever been asked to resign, been discharged, or failed to be re-employed?

Yes No If yes, give details: _____

Have you ever been convicted of an offense other than a misdemeanor? Yes No

If yes, explain: _____

Are you a citizen of the United States? Yes No

REFERENCES

List the names of three (3) individuals to whom you are giving the enclosed reference forms. Please do not list relatives as references. Include individuals who have knowledge of your work experience, job competency, and personal characteristics.

NAME	POSITION	ADDRESS (Street, City, State, & Zip Code)	PHONE

Read carefully and sign the following statement:

By my signature, I attest that the information contained in this application is true and represents me accurately. If employed I agree to abide by all policies approved by the School Board and will cooperate fully with inservice programs for improvement. I understand that this application will remain in the active file for a period of 90 days and will be classified as inactive unless I notify the Superintendent's office in writing to keep the application current. I am aware that the facilities of Carroll County School District are smoke and tobacco free.

Signature of Applicant: _____ Date: _____

The Carroll County School District offers employment opportunities to all persons without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Birth Date: _____

Sex: (check) Male Female

Marital Status (check) Married Single Divorced Separated
 Widow/Widower

Check one of the following Race/Ethnic Groups:

Hispanic Black White American Indian/Alaskan Native
 Asian/Pacific Islander

Days lost from work in the past two years because of illness: _____

Principal cause of lost work: _____

This survey is to be completed by applicant on a voluntary basis. It is NOT part of your official application for employment. It is considered confidential information and will not be used in any hiring decision.

PERMISSION FOR BACKGROUND CHECK

DATE: _____

I, _____, give my permission for the Carroll County School District to conduct a background screening check with law enforcement, the Child Abuse Registry, previous employers, and any other persons to determine my suitability in working with children. I understand that this permission is a part of my application for a position with the Carroll County School District. I further understand that this information will only be used in regard to the above application.

Furthermore, I understand that if I am hired by the Carroll County School District, my employment is contingent upon the successful completion of the background check, and my application for employment is null and void if derogatory results are obtained.

I understand a \$32.00 non-refundable fee is due and payable by the applicant at the time of hire.

Please Print:

Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Signature: _____