

# AUGUSTA INDEPENDENT SCHOOLS

## Classified Application for Employment

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name</b>
<b>Current Street Address:</b>	<b>City:</b>	
<b>State:</b>	<b>Zip Code:</b>	
<b>Home Phone Number:</b>	<b>Work Phone Number:</b>	
<b>Social Security Number:</b>	<b>Driver's License Number:</b>	
<b>E-mail Address:</b>		

## Position Desired

**Please indicate position(s) desired with a checkmark:**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Instructional Assistant</b>          | <input type="checkbox"/> <b>Bus Driver</b> |
| <input type="checkbox"/> <b>Secretary/Clerical Assistant</b>     | <input type="checkbox"/> <b>Custodian</b>  |
| <input type="checkbox"/> <b>Cook/Baker or Food Service Asst.</b> |  |
| <input type="checkbox"/> <b>Substitute (Type: _____ )</b>        |  |
| <input type="checkbox"/> <b>Other: _____</b>                     |  |

**FOR ANY OF THE POSITIONS LISTED ABOVE,  
STATE LAW REQUIRES A CRIMINAL RECORD CHECK  
AND A HIGH SCHOOL DIPLOMA, GED CERTIFICATE OR PROOF OF  
WORKING TOWARD EITHER DEGREE AS CONDITIONS OF EMPLOYMENT.**

**The Augusta Board of Education is an *equal opportunity employer*. Applicants will receive consideration without regard to race, color, national origin, sex, religion, age, veteran's status or disability and is required by Title IX of the Education Amendments of 1972 (P.L. 92-318) not to discriminate in such manner.**

## I. GENERAL INFORMATION

Please respond to the questions below by indicating yes or no with a checkmark:

Yes	No	
_____		Are you legally eligible for employment in the United States?
_____		Do you have special training or skills (languages, machine operations, etc.)? If yes, describe.
_____		Can you begin work immediately? If no, when can you start?
_____		Are any of your relatives employed by the Augusta Board of Education? If yes, list names
_____		In the past ten years were you convicted of a crime that has not been annulled, expunged or sealed by a court?
_____		Are you a relative of the Superintendent of the Augusta Board of Education?
_____		Have you ever been removed or dismissed from any position? If yes, explain.
_____		Have you previously been employed by the Augusta Board of Education? If yes, under what name? When? In what capacity?

## II. EDUCATION

A. Highest level of education completed \_\_\_\_\_

B. Name of high school attended \_\_\_\_\_

C. Did you obtain a high school diploma? \_\_\_\_Yes \_\_\_\_No

1) If no, did you obtain a GED certificate? \_\_\_\_Yes \_\_\_\_No

2) If no, are you currently enrolled in a GED program? \_\_\_\_Yes \_\_\_\_No

D. If you have completed any education beyond high school, please list the name/type of school attended and number of credit hours completed and/or degree received.

E. Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

### III. PREVIOUS EMPLOYMENT EXPERIENCE

PREVIOUS EMPLOYMENT EXPERIENCE (List in order beginning with most recent)				
Employer's Name, Address and Telephone No.	Position Held, Job Title, and Supervisor's Name	Dates (Month/Year)	Last Annual Salary	Nature of Work
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	From _____ To _____		
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	From _____ To _____		
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	From _____ To _____		
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	From _____ To _____		

### IV. ADDITIONAL INFORMATION

*Note: For the following information, exclude memberships that would reveal gender, race, religion, national origin, age, color, disability or any other similarly protected status.*

List professional, trade, business, or civic associations and any offices held.

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List special accomplishments, publications, awards, etc.

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List any additional information you would like us to consider.

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## V. REFERENCES

*Please list a minimum of three references, including former employers.*

<i>1. Name, Title, Phone No.</i>	<i>Address</i>	<i>How long acquainted?</i>	<i>In what capacity?</i>
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_____	_____	_____	_____
(     ) _____	_____	_____	_____

<i>2. Name, Title, Phone No.</i>	<i>Address</i>	<i>How long acquainted?</i>	<i>In what capacity?</i>
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_____	_____	_____	_____
(     ) _____	_____	_____	_____

<i>3. Name, Title, Phone No.</i>	<i>Address</i>	<i>How long acquainted?</i>	<i>In what capacity?</i>
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_____	_____	_____	_____
(     ) _____	_____	_____	_____

<i>4. Name, Title, Phone No.</i>	<i>Address</i>	<i>How long acquainted?</i>	<i>In what capacity?</i>
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_____	_____	_____	_____
(     ) _____	_____	_____	_____

**I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I authorize a criminal records check. I understand that if information provided is inaccurate, any contract offered me is void.**

**I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing information.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_