



EMPLOYMENT APPLICATION

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY FOR EMPLOYMENT CONSIDERATION				
LAST NAME	FIRST NAME	MIDDLE		
PRESENT ADDRESS	STREET	CITY	STATE	ZIP
PHONE NUMBER		SOCIAL SECURITY NUMBER		
ARE YOU AT LEAST 16 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES EXPLAIN: _____				
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITIONS WITH OR WITHOUT ACCOMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER WORKED FOR CHAROLOTTTE PUBLIC SCHOOLS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME USED (IF DIFFERENT THAN ABOVE) _____		IF YES WHEN? _____ WHAT AREA? _____		
POSITION(S) DESIRED:		ARE YOU SEEKING: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> OTHER _____		
DAYS AVAILABLE: <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FRI <input type="checkbox"/> SAT		HOW DID LEARN ABOUT THIS POSITION?		

EDUCATION					
SCHOOL	NAME AND ADDRESS	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE	DIPLOMA, GED OR DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DIPLOMA PROGRAM OR TECHNICAL COURSES			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

PROFESSIONAL APPLICANTS ONLY
STATES REGISTERED IN AND NUMBER
CLERICAL APPLICANTS ONLY
IF YOU ARE APPLYING FOR A CLERICAL POSITION: LIST OFFICE SKILLS OR SOFTWARE

EMPLOYMENT HISTORY		
Indicate below all work experience beginning with your CURRENT or MOST RECENT position.		
EMPLOYER (Company Name)	ADDRESS	EMPLOYMENT DATES FROM: TO:
TITLE OR POSITION HELD	NAME OF SUPERVISOR	TELEPHONE NUMBER
SUMMARIZE YOUR JOB DUTIES	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	SALARY Start: End:
REASON FOR LEAVING	MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER (Company Name)	ADDRESS	EMPLOYMENT DATES FROM: TO:
TITLE OR POSITION HELD	NAME OF SUPERVISOR	TELEPHONE NUMBER
SUMMARIZE YOUR JOB DUTIES	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	SALARY Start: End:
REASON FOR LEAVING	MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER (Company Name)	ADDRESS	EMPLOYMENT DATES FROM: TO:
TITLE OR POSITION HELD	NAME OF SUPERVISOR	TELEPHONE NUMBER
SUMMARIZE YOUR JOB DUTIES	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	SALARY Start: End:
REASON FOR LEAVING	MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER INFORMATION
LIST CIVIC OR PROFESSIONAL CONTRIBUTIONS

REFERENCES

PLEASE LIST 3 PROFESSIONAL REFERNCES NOT INCLUDING RELATIVES

1. _____
NAME: _____ RELATIONSHIP (How do you know this individual) _____ PHONE _____

2. _____
NAME: _____ RELATIONSHIP (How do you know this individual) _____ PHONE _____

3. _____
NAME: _____ RELATIONSHIP (How do you know this individual) _____ PHONE _____

READ BEFORE SIGNING

I authorize investigation of all statements contained in this application and I understand that misinformation or omission of information not given on my employment application is sufficient cause for discharge, if I am employed.

I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures or handbooks I might receive, is intended to create an employment contract between the Charlotte Public School and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Charlotte Public School unless made in writing and signed by an authorized representative of the school. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and the company retains a similar right regarding the discontinuation of my employment.

I understand that a criminal background check will be performed, education credits, and previous employment history will be verified prior toe employment. Signing this application is authorization to do so.

DATE

SIGNATURE OF APPLICANT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition of handicap.