



# Greenville Public Schools

4671 Wolfpac Rd

Marietta, Ok 73448

Ph. (580) 276-2968 Fax. (580) 276-4605

## GREENVILLE PUBLIC SCHOOL JOB APPLICATION

### PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

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

CITY/STATE/ZIPCODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\*DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ CITIZEN OF US: YES \_\_\_ NO \_\_\_

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

### EMPLOYMENT DESIRED

POSITION: \_\_\_\_\_

DATE CAN START: \_\_\_\_\_ SCHOOL EXPERIENCE: YES \_\_\_ NO \_\_\_ IF YES, WHERE? \_\_\_\_\_

### GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY OR CERTIFICATES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU SPEAK OR WRITE ANOTHER LANGUAGE: \_\_\_\_\_ IF SO, WHICH ONE \_\_\_\_\_

PLEASE LIST ANY COMPUTER OR TECHNOLOGY SKILLS YOU POSSESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FORMER EMPLOYERS PLEASE LIST LAST 3, THE MOST RECENT FIRST**

DATE STARTED \_\_\_\_/\_\_\_\_ ENDED \_\_\_\_/\_\_\_\_ POSITION HELD \_\_\_\_\_

NAME ADDRESS PHONE # OF

EMPLOYER: \_\_\_\_\_

SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

DATE STARTED \_\_\_\_/\_\_\_\_ ENDED \_\_\_\_/\_\_\_\_ POSITION HELD \_\_\_\_\_

NAME ADDRESS PHONE # OF

EMPLOYER: \_\_\_\_\_

SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

DATE STARTED \_\_\_\_/\_\_\_\_ ENDED \_\_\_\_/\_\_\_\_ POSITION HELD \_\_\_\_\_

NAME ADDRESS PHONE # OF

EMPLOYER: \_\_\_\_\_

SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

**REFERENCES: GIVE BELOW THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST 1 YEAR.**

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_ YRS AQUAINTED \_\_\_\_ BUSINESS \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_ YRS AQUAINTED \_\_\_\_ BUSINESS \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_ YRS AQUAINTED \_\_\_\_ BUSINESS \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES: \_\_\_ NO: \_\_\_ IF YES PLEASE EXPLAIN \_\_\_\_\_

HAVE YOU EVER BEEN INJURED ON THE JOB? YES: \_\_\_ NO: \_\_\_ IF YES GIVE DETAILS \_\_\_\_\_

**I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED ON THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.**

**SIGNATURE: \_\_\_\_\_**