

**MEDINA PUBLIC SCHOOL**  
**APPLICATION FOR EMPLOYMENT**  
 (PLEASE PRINT)

**PERSONAL DATA**

SOCIAL SECURITY NUMBER  	FIRST NAME	MIDDLE NAME	LAST NAME
ADDRESS (Street Number and Name)		CITY	STATE ZIP CODE
PHONE (Home or Other Number Where You Can Be Reached)  (   )		BUSINESS PHONE  (   )	

**AVAILABILITY**

<ul style="list-style-type: none"> <li>• Have you ever filed an application with us before?      <input type="checkbox"/> Yes      <input type="checkbox"/> No      If YES, give date</li> <li>• When are you available to begin employment?</li> <li>• Check the types of work you will accept:             <input type="checkbox"/> Regular Full Time                      <input type="checkbox"/> Regular Part Time                      <input type="checkbox"/> Any of the above             <input type="checkbox"/> Temporary Full Time                      <input type="checkbox"/> Temporary Part Time         </li> <li>• Position Applied For _____</li> </ul>
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**EDUCATION**

	HIGH SCHOOL					VOCATIONAL/ TECHNICAL SCHOOL		COLLEGE/ UNIVERSITY				GRADUATE/ PROFESSIONAL			
School Name and Location															
Years Completed	9	10	11	12	GED	1	2	1	2	3	4	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dates Attended (mo/yr)	From:      To:					From:      To:		From:      To:				From:      To:			
List Credit Hours Received: (S) - Semester (Q) - Quarter															
Diploma/Degree Received															
Course of Study															

**TRAINING & SKILLS**

List internships, specific courses, workshops, training and/or rotations you may have had that relate to the position you are applying for. Include credit hours or CEU's if applicable.
Indicate skills, knowledge and abilities which relate to the position you are applying for.

# EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job. Include periods of unemployment, self-employment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application.

May we contact your present employer?  Yes  No

<b>A</b>	Employer: (Present or most recent)		Address:		Phone No.:	
	Job Title:		Name of Supervisor:		No. Supervised by You:	
	Date Employed: (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:		
	Date Separated: (mo/yr)		Job Duties: (Be specific)			
	<input type="checkbox"/> Full-time # Years # Months <input type="checkbox"/> Part-time # Years # Months If part-time, number of hours per week					

<b>B</b>	Employer: (Present or most recent)		Address:		Phone No.:	
	Job Title:		Name of Supervisor:		No. Supervised by You:	
	Date Employed: (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:		
	Date Separated: (mo/yr)		Job Duties: (Be specific)			
	<input type="checkbox"/> Full-time # Years # Months <input type="checkbox"/> Part-time # Years # Months If part-time, number of hours per week					

<b>C</b>	Employer: (Present or most recent)		Address:		Phone No.:	
	Job Title:		Name of Supervisor:		No. Supervised by You:	
	Date Employed: (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:		
	Date Separated: (mo/yr)		Job Duties: (Be specific)			
	<input type="checkbox"/> Full-time # Years # Months <input type="checkbox"/> Part-time # Years # Months If part-time, number of hours per week					

<b>D</b>	Employer: (Present or most recent)		Address:		Phone No.:	
	Job Title:		Name of Supervisor:		No. Supervised by You:	
	Date Employed: (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:		
	Date Separated: (mo/yr)		Job Duties: (Be specific)			
	<input type="checkbox"/> Full-time # Years # Months <input type="checkbox"/> Part-time # Years # Months If part-time, number of hours per week					

## EMPLOYMENT HISTORY CONTINUED

E	Employer: (Present or most recent)		Address:		Phone No.:
	Job Title:		Name of Supervisor:		No. Supervised by You:
	Date Employed: (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:	
	Date Separated: (mo/yr)		Job Duties: (Be specific)		
<input type="checkbox"/> Full-time    # Years    # Months <input type="checkbox"/> Part-time    # Years    # Months If part-time, number of hours per week					

## GENERAL INFORMATION

- Are you legally eligible to work in the United States?  No     Yes
- If you are subject to Selective Service registration, are you in compliance?  No     Yes
- Have you ever been convicted of any unlawful offense, other than a minor traffic violation?  No     Yes

If yes, please explain:

**NOTE:** A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.

- Do you have a valid driver's license?  No     Yes

## REFERENCES

List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying such as co-workers, teachers, etc. DO NOT repeat the names of supervisors previously listed.

Name	Address	Phone

## CERTIFICATE OF APPLICANT

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. In addition, I give the following Authorization to Release Information. I hereby authorize my previous employers, personal references listed, and other persons or institutions shown on my application to provide Medina Public School any information requested. I further authorize Medina Public School to conduct a Police and Court Records investigation of my background. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*The Medina Public School District #3 does not discriminate on the basis of race, color, national origin, sex, age or disability in its educational programs/activities and employment policies/practices.*