

SPARTANBURG SCHOOL DISTRICT TWO

APPLICATION FOR CLASSIFIED EMPLOYMENT



P E R S O N A L	Last Name		First	Middle	Date	
	Street Address				Home Phone ()	
	City, State, Zip				Business Phone ()	
	Have you applied for employment with us?		Yes	No	Social Security Number	
	If yes, Month and Year		Location			
	Position(s) Desired:				Pay Expected	
	Have you ever been arrested?		Yes	No	Will you work overtime if asked?	
	If yes, explain				Yes No	
	Have you ever been convicted of a crime?		Yes	No	When will you be available to begin work?	
	If yes, explain					
Have you ever been fired?		Yes	No			
If yes, explain						
Other special training or skills (languages, computers operated, typing WPM, etc...)						
Are you currently receiving Family Independence Benefits or Food Stamps?		Yes	No			
PLEASE NOTE: A "yes" answer will not disqualify you from consideration for employment. We must ask this question pursuant to South Carolina law solely for reporting purposes.						

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College				YES	
					NO	
	High				YES	
					NO	
	Other				YES	
					NO	

R E F E R E N C E S	List the names, addresses, and telephone numbers of three (3) references other than relatives.		
	NAME	ADDRESS	TELEPHONE

S I G N A T U R E	The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand this application will be kept on file for two (2) years beyond the date of completion.	
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. Furthermore, employment is also conditional upon receipt of a satisfactory SLED (South Carolina Law Enforcement Division) criminal record report.	
	_____	_____
	Date	Signature

WORK EXPERIENCE

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate otherwise.	<i>DO NOT CONTACT.</i>
	Employer Number(s) _____ Reason _____

If unable to submit, please return application to: Director of Personnel
Spartanburg School District Two
4606 Parris Bridge Road
Boiling Springs, SC 29316
(864)578-0128

Spartanburg School District Two does not discriminate on the basis of race, sex, religion, national origin, age, handicap or veteran status in the provision of educational opportunities and benefits in compliance with Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the employment provisions (Title I) of the Americans with Disabilities Act of 1990, Age Discrimination and Employment Act, and all other applicable civil rights laws.

FOR OFFICE USE ONLY

Application _____ Letter _____
Interviewer _____ Interview _____