

HARDIN COUNTY SCHOOLS SAVANNAH, TENNESSEE

APPLICATION FOR EMPLOYMENT SUPPORT STAFF

It is understood and agreed that any misrepresentation by me in this application will be just cause for cancellation of this application and / or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause or prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary. I give the employer the right to investigate all references and secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I understand that in filling a temporary position I have no expectancy of continued employment but shall be considered for initial employment to fill other vacancies.

정 보			
Signature of Applicant		Date	
	*		
APPLICANT DATA SURVEY (Completion	of information below is volunt	ary)	
We consider applicants for all positions without veteran status, the presence of non-job-related			
	a	9	
Date//			
Applicant's name:	Telephone number:		
Address:			
Date of birth:/	Male	Female	
As required, we comply with government regulefort to comply with requirements regarding g that you complete this applicant data survey.	overnment record keeping, reporting	n obligations where they apply. In an ng and other legal obligations we ask	
Check one of the following race / ethnic g	roups:		
Hispanic Black	White American India	an / Alaskan Native	
Asian / Pacific Islander			
Check if any of the following are applicable	e:		
Vietnam Era Veteran	Disabled Veteran	Handicapped Individual	



HARDIN COUNTY SCHOOLS

155 Guinn Street, Savannah, TN 38372 Phone (731) 925-3943 * Fax (731) 925-7313

APPLICATION FOR EMPLOYMENT - SUPPORT STAFF

Position Applied For:		Date:		
NAME:		Social Security #:		
ADDDECC.				
Street / PO Box	City	State	Zip	
HOME PHONE:	ALTERN	ATE/CELL:		
Have you filed an application here before?		YES	NO	
Have you been employed here before?		YES	NO	
If yes, give dates	From	to	<u> </u>	
Are you legally eligible for employment in the co (Proof of U.S. Citizenship or immigration status			NO	
Date available for work//mm dd yyyyy	Will you undergo pre-en	ployment physical? YES	NO	
Type of employment desired (check 1 or more) .	FULL TIME _	PART TIME	SUBSTITUTE	
Have you completed high school?Y	ES NO	College?	/ES NO	
Employment History (List past places of employe	ment, most recent first):			
Name of Business / Company			Dates of Employment	
Please indicate the school(s) in which you will be				
	avanable.	Parrie S	outh Elementary	
Hardin County High School				
Hardin County Middle School		Pickwick Southside Elementary		
East Hardin Elementary		West Ha	ardin Elementary	
Northside Elementary				
Skills and qualifications (summarize special sk May qualify you for the position for which you are		quired from employment	or other experience that	
Personal References:	k)			
Name	Address	Telepho	ne Years known	