

READING BOARD OF EDUCATION
Bonnell & Halker Avenues
Reading, Ohio 45215

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

EMPLOYMENT DESIRED _____ DATE _____

Name _____
(last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Telephone No. _____ Soc. Security No. _____ Date of Birth _____

Circle last year of education completed

4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Date of Graduation or _____ Name of School _____
Last Year Attended School _____ Location _____

Special Training or Degrees _____

Special Office Skills: Typing Speed _____ Shorthand _____ Accounting _____

Other Skills _____

Have you ever been on active duty in U. S. Military Service? Yes _____ No _____

Have you any physical, mental, or health disorders that would render you unfit for the performance of duties of the position you are seeking? Yes _____ No _____

Are you addicted to the habitual use of intoxicating liquors or use drugs to excess? Yes _____ No _____

Have you been convicted of a felony? Yes _____ No _____

Have you been guilty of misconduct or immoral actions? Yes _____ No _____

Have you ever been dismissed from a civil service position for delinquency or misconduct? Yes _____ No _____

Are you a citizen of the United States? Yes _____ No _____

Date Available for Employment _____

Check below the schedule of workdays under which you could be employed.

Full Time - 52 Weeks _____ School Year _____ Regular Part Time _____ Temporary _____
Summer _____

Person to Contact in Case of Emergency _____

Relationship _____ Phone No. _____

WORK EXPERIENCE RECORD

(Include Your Military Service)

Give Most Recent Work First:

Dates: Month & Year		Name of Firm, City Name of Supervisor	Rate of Pay	Type of Work Title	Reason for Leaving
From	To	Name			
		Address			
		Supvr.			
From	To	Name			
		Address			
		Supvr.			
From	To	Name			
		Address			
		Supvr.			

PERSONAL REFERENCE

Name	Address	Phone No.

This will be my continuing authorization to the Reading Board of Education to obtain any and all information regarding previous employment from any and all persons, firms or corporations by whom I was previously employed and to obtain information regarding medical treatment and/or the condition of my health.

This will further authorize any hospital, doctor, physician or other treating practitioner and any person, firm or corporation by whom I was previously employed to release any and all information concerning my health and/or previous employment to the Reading Board of Education and its representatives.

Also, I swear or affirm the facts set forth above in my application are true and complete. I understand that if employed, false statements on this application shall be considered as sufficient cause for rejection or dismissal. I am willing to undergo physical examination with the understanding that if the report is unsatisfactory, I will resign.

Applicant's Signature _____ Date _____