



Clinton City Schools
300 Westover Road
Clinton, NC 28328
www.clinton.k12.nc.us

Phone: (910) 592-3132

Fax: (910) 592-2011

Classified Personnel (Non-Instructional)

POSITIONS FOR WHICH APPLICATION IS BEING MADE (Check area(s) of interest)

<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Other _____
<input type="checkbox"/> Custodian	First Choice _____
<input type="checkbox"/> Maintenance (identify trade)	Second Choice _____
_____	_____

Personal Data (please type/print)

Name _____
First Middle Maiden Last

Present Address _____
Street City State Zip

Phone # _____ SS # (last 4 digits) _____

In case of emergency, notify _____ Phone # _____

Address _____

Have you ever been employed by Clinton City Schools? Yes No

If yes, When? _____ Where? _____

Have you ever been convicted in court of any offense other than minor traffic violations? Yes No

If yes, When? _____ Where? _____

Disposition of offense _____

Describe any limitations you have regarding your working ability _____

EDUCATION (Circle highest year of education completed and list educational record.)

High School

GED

Technical/Community College

4 Yr College/University

1 2 3 4

1 2 3 4

1 2 3 4 5

INSTITUTION	NAME	LOCATION	Month & Year		Diploma/ Certificate/ Degree
			From	To	
High School/ Equivalent					
Technical/ Community College					
4 Yr College/ University					
Other					

Please enclose copies of high school diploma/equivalent, certificate(s), transcript(s), degree(s).

EMPLOYMENT DATA (begin with current/last employer)

Name of Firm _____	Address _____
Supervisor _____	Telephone _____
Employed from _____ to _____	Type of work _____
Salary \$ _____ Weekly _____ Bi-Weekly _____ Monthly _____	Reason for leaving _____
Name of Firm _____	Address _____
Supervisor _____	Telephone _____
Employed from _____ to _____	Type of work _____
Salary \$ _____ Weekly _____ Bi-Weekly _____ Monthly _____	Reason for leaving _____
Name of Firm _____	Address _____
Supervisor _____	Telephone _____
Employed from _____ to _____	Type of work _____
Salary \$ _____ Weekly _____ Bi-Weekly _____ Monthly _____	Reason for leaving _____
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Salary \$ _____ Weekly _____ Bi-Weekly _____ Monthly _____	Reason for leaving _____
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Supervisor _____	Telephone _____
Employed from _____ to _____	Type of work _____
Salary \$ _____ Weekly _____ Bi-Weekly _____ Monthly _____	Reason for leaving _____

(Please continue on next page.)

TO APPLICANT:

It is the desire of the **CLINTON CITY SCHOOLS** to secure the best qualified, most competent personnel possible. We want persons who will put the welfare of the students in **CLINTON CITY SCHOOLS** first and who work diligently to create and maintain a good educational environment. **Our students deserve the best!**

Below, in your own handwriting, give us any information which you think will help us to form a true picture of you as a person. You might include your hobbies, recreational activities, and other information about your work experience or educational background which may enhance your opportunity for employment.

The **CLINTON CITY SCHOOLS** is committed to a policy of non-discrimination against any employee or applicant for employment because of race, creed, religion, national origin, gender, age, or handicap. Assignments are made in accordance with the needs of the school system and are subject to change. Any person accepting a position with the **CLINTON CITY SCHOOLS** agrees to these conditions.

I have read this information carefully and certify that the information I have given on this application is true and complete to the best of my knowledge.

This application will remain active for **TWO YEARS** from the date of receipt unless written notice is received to extend the time. **Falsification of this application may result in non-employment or discharge if employed.**

(Signature of Applicant)

(Date)