

# FELICITY-FRANKLIN LOCAL SCHOOL DISTRICT

www.felicityfranklinschools.org

415 Washington Street  
Felicity, Ohio 45120

(513) 876-2113

*"If a nation expects to be both ignorant and free, in a state of civilization, then it expects what never was and never will be."* ~ Thomas Jefferson



## APPLICATION EDUCATIONAL SUPPORT SERVICES

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Name \_\_\_\_\_

Position Desired \_\_\_\_\_

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Date \_\_\_\_\_

# PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Street or Box Number

\_\_\_\_\_  
City State Zip Code

Present Position \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

## POSITIONS APPLYING FOR

\_\_\_\_\_ Fulltime \_\_\_\_\_ Part-time \_\_\_\_\_

When would you be available? \_\_\_\_\_ Substitute \_\_\_\_\_

## EDUCATIONAL TRAINING

School	Location	Length of Attendance	Graduated (Yes or No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## WORK EXPERIENCE (begin with last employer)

Company	Address	Length of Employment	Nature of Work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## REFERENCES (List three references who know your work)

Name	Street Address	City	State	Zip	Telephone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**PERSONAL DATA**

1. Do you have any health conditions that would prevent you from performing the job for which you are applying? (Y or N)

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

2. Are you legally authorized to work in the United States? (Y or N)

3. Have you ever been convicted of a felony? (Y or N)

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you filed an application with this district before? (Y or N)

If yes, when? \_\_\_\_\_

5. Please list any skills, experience, etc. you have that would enable you to perform or better perform the job for which you are applying. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

