

**MONROE COUNTY SCHOOLS**

**P.O. Box 330**

**Union, WV 24983**

**304-772-3094/Fax: 304-772-5020**

For Office Use Only: Date Rec'd \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT - SERVICE PERSONNEL**

1. Name: \_\_\_\_\_

2. Permanent Address: \_\_\_\_\_

3. Social Security Number: \_\_\_\_\_ 4. Telephone: \_\_\_\_\_

5. Educational Background: *To be considered for employment, applicant must have graduated from high school or passed a GED test. (WV Code 18A-2-5)*

A. High School (*A copy of high school diploma or GED certificate must be attached*).

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ or GED: \_\_\_\_\_

Special Activities or Honors: \_\_\_\_\_

B. College or Technical School

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

Special Activities or Honors: \_\_\_\_\_

C. Other

Please identify special training which may be of value to you in the job for which you are applying: \_\_\_\_\_

\_\_\_\_\_

6. Type of Support Position Desired:

\_\_\_\_\_ Bus Operator

\_\_\_\_\_ Carpenter

\_\_\_\_\_ Clerical

\_\_\_\_\_ Custodian

\_\_\_\_\_ Electrician

\_\_\_\_\_ Food Service

\_\_\_\_\_ General Maintenance

\_\_\_\_\_ Instructional Aide

\_\_\_\_\_ Mechanic

\_\_\_\_\_ Plumber

\_\_\_\_\_ Secretarial

\_\_\_\_\_ Other

7. Provide any additional information which will give a more complete estimate of your training, experience, and ability for the position desired:

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8. Work experience: *(Please list in chronological order)*

Employer	Address	Your Position/Title

9. May we communicate with your previous/present employer? \_\_\_\_\_

10. References: *(Please list individuals other than relatives who know your work).*

Name	Address	Company	Telephone

11. Have you been convicted of a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

12. When are you available for employment? \_\_\_\_\_

13. If a vacancy occurs, when would you be available for an interview?  
 \_\_\_\_\_

I hereby certify that the information given is true and accurate. Further, I agree to notify the Monroe County Board of Education if I accept another position prior to action on this application.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**Application will be kept on file for two years.**

## Authenticity of Information Provided

1. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or mis-statement of material fact on this application or on any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I understand that my identity as an applicant may be subject to disclosure in response to a request made under the West Virginia Freedom of Information Act. Finally, I understand that this application, when submitted, shall become the property of the Monroe County Board of Education.

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Signature of applicant

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Date

### Authorization and Release

2. I hereby authorize and request any person or other entity, including, but not limited to, present and former employers, schools, law enforcement agencies, government agencies, including all entities which have information relating to my employment history, evaluations, plans of improvement, documentation of disciplinary action, reasons for non-rehire, special training and education to furnish a representative of the Board of Education of the County of Monroe with any and all information and copies of records in their possession regarding me.

**By signing below, I hereby release and hold harmless the Board of Education of the County of Monroe and any person or entity responding to a request for information pursuant to this Authorization and Release and their members, officers, employees and agents from claims arising out of or in any connection with their legitimate gathering or disclosure of information as authorized by this Authorization and Release. I agree that a copy of this document may be accepted with the same authority as an original.**

**Applicant's Name** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Witness Signature** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Monroe County Schools is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex and handicap in its activities, programs or employment practices as required by Title VI, Title IX and Section 504.

For information regarding civil rights or grievance procedures, contact Ronald V. Whetzel, Title IX Coordinator/Section 504 Coordinator, at the Monroe County Board of Education Office, Post Office Box 330, Union, West Virginia, 24983 (1-304-772-3094). In addition, information regarding services, activities and facilities that are accessible to and usable by handicapped persons can be obtained at the same above address.

Monroe County Schools offers equal opportunity to its employees and applicants for employment without regard to race, color, religion, national origin, disability, veteran status, sex, or age (except where sex or age is a bona fide occupational qualification).

This applies to recruiting, employment, transfer and promotion in all positions.