

Non-Teaching Application Form

Hobart Public Schools – P.O. Box 899 – Hobart, OK 73651

NAME IN FULL (LAST, FIRST, MIDDLE)				PHONE #		
PRESENT ADDRESS (NO. AND STREET)		(CITY)	(STATE)	(ZIP)		
LENGTH OF RESIDENCE						
PERMANENT ADDRESS (NO. AND STREET)		(CITY)	(STATE)	(ZIP)		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO", give type of visa)			WAGE OR SALARY DESIRED	

EXPERIENCE

NAME OF EMPLOYER (LIST FOUR LATEST EMPLOYERS)	ADDRESS	KIND OF WORK DONE	TIME EMPLOYED	
			FROM	TO

TO BE COMPLETED BY VEHICLE DRIVERS	What type of driver's license do you have? <input type="checkbox"/> Operator <input type="checkbox"/> Commercial Opr. <input type="checkbox"/> Chauffeur	License #	Expiration	State Issued
	Are there any restrictions on the license? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES", explain):			

Can you perform the duties of the job for which you have applied?

EQUAL OPPORTUNITY EMPLOYER

Hobart Public Schools does not discriminate on the basis of race, creed, color, national origin, sex, age, veteran status, qualified handicap, or disability. Applications are kept on file for three years at which time they are put into the inactive file.

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EDUCATION					
	NAME AND LOCATION OF SCHOOL	FROM	TO	GRADUATE	DEGREE/MAJOR
High School		MONTH YEAR	MONTH YEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College or University		MONTH YEAR	MONTH YEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other		MONTH YEAR	MONTH YEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCES			
Name	Occupation	Address	Phone
1.			
2.			
3.			
WILL YOU ABIDE BY THE SAFETY REQUIREMENTS OF THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
I hereby declare all the foregoing statements to be true and correct, and authorize you to consult previous employers. In the event I am employed, I understand that any misrepresentation made by me in filling out this form shall be considered as sufficient cause for my dismissal without advance notice.			
Signature _____		Date _____	

POSITION	
Please indicate the position to which you are applying:	
<input type="checkbox"/> Teacher Assistant <input type="checkbox"/> Special Education Teacher Assistant <input type="checkbox"/> Secretary <input type="checkbox"/> Cafeteria <input type="checkbox"/> Custodian	<input type="checkbox"/> Bus Driver <input type="checkbox"/> Transportation Director <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Substitute (other)

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