

MADEIRA CITY SCHOOLS
7465 LOANNES DRIVE
CINCINNATI, OH 45243
513.985.6070 (PHONE)
513.985.6072 (FAX)

APPLICATION FOR EMPLOYMENT
SUPPORT PERSONNEL

Date of Application: _____

PERSONAL INFORMATION

NAME: _____ SS #: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ (DAY) _____ (EVENING)

_____ (CELL) _____ (EMAIL)

Position(s) for which you are applying:

List experience, skills, etc. which you possess which especially qualify you for the position(s) for which you are applying:

EDUCATIONAL BACKGROUND

| Type of School | Name/Address | Years Attended | Course/Major | Year Graduated /Degree |
|--------------------|--------------|----------------|--------------|------------------------|
| High School | | | | |
| College/University | | | | |
| Post Graduate | | | | |
| Trade School | | | | |

*The Madeira City School District is an equal opportunity institution
 And does not discriminate against persons because of race, religion, sex, age or handicap.*

OVER

EMPLOYMENT HISTORY

List positions held, starting with your most recent employment

| FROM | TO | NAME AND ADDRESS OF EMPLOYER | SUPERVISOR NAME & TELEPHONE NUMBER |
|------|----|------------------------------|------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REFERENCES

| NAME | TITLE/ RELATIONSHIP | ADDRESS | COURSE/MAJOR |
|------|------------------------|---------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

READ AND SIGN

*I understand any false statements or misrepresentation of facts are grounds for dismissal.
I hereby certify that the statements above are true and correct to the best of my knowledge.*

Signature

Date