



SUPPORT SERVICES APPLICATION

Please complete this application in your own handwriting.

Personal Information

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone _____ Social Security No. _____

Indicate General Health _____

Person to be notified in case of emergency: _____
Name Address Phone

Have you been previously employed in this school system? _____

Position for which you are applying: _____

When can you start work? _____

Employment Experience

(List last position first)

| FROM MONTH YEAR | TO MONTH YEAR | NAME, ADDRESS OF FORMER EMPLOYER | SUPERVISOR | PHONE NUMBER | REASON FOR LEAVING |
|-----------------|---------------|----------------------------------|------------|--------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Do you have a bus driver's license? _____

Do you have a Class B (Chauffeur) License? _____

Would you be willing to obtain either of the above and become a regular or substitute bus driver? _____

List machines, equipment and/or duties with which you have had training and/or experience.

| EQUIPMENT AND/OR DUTIES | TRAINING | EXPERIENCE |
|-------------------------|----------|------------|
| | | |
| | | |
| | | |

Educational Data

| YEARS | | NAME OF SCHOOLS – LOCATION | LAST GRADE COMPLETED | NUMBER YEARS | GRADUATED | |
|-------|----|----------------------------|----------------------|--------------|-----------|----|
| FROM | TO | | | | FROM | TO |
| | | | | | | |
| | | | | | | |
| | | | | | | |

References

Please give three references who have first hand knowledge of your character and ability. DO NOT give the name of anyone who is related to you by blood or marriage.

| NAME | COMPLETE MAILING ADDRESS | PHONE NO. | OCCUPATION |
|------|--------------------------|-----------|------------|
| | | | |
| | | | |
| | | | |

What Maintenance Skills do you possess?

Plumbing_____

Carpentry_____

Ventilation_____

Wiring_____

Heating_____

Air Conditioner_____

Roofing_____

Electrical_____

Refrigeration_____

List fields of work for which you are licensed, registered or certified, giving date(s) and source(s) of issuance. _____

I hereby certify that the information given is accurate and complete. If employed I will abide by the policies and regulation of the Perquimans County Board of Education.

Signature

Date

The Perquimans County School System does not discriminate against any person on the basis of race, sex, color, religion, national origin, citizenship status, age or handicap in any of its educational or employment programs or activities.