



Christina School District Wilmington, Delaware

APPLICATION FOR CLASSIFIED EMPLOYMENT

Name _____
Last
First
Middle

Address _____
Street
Development

_____ City State Zip Telephone

POSITION FOR WHICH YOU ARE APPLYING

CUSTODIAL/MAINTENANCE

Custodial _____

Specialty _____

PRESENT POSITION _____ EMPLOYER _____

EMPLOYMENT EXPERIENCE: List below all employment beginning with current or the most recent.
 Former employers' complete address must be included.
(Please use additional sheets if necessary.)

EMPLOYER Name and Complete Address	TYPE OF WORK	DATES Month/Year	REASON FOR LEAVING

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Post High School 1 2 3 4

School (Name and Address)	Dates Attended	
Secondary:	From _____ To _____	Date Graduated: _____
College:	From _____ To _____	Date Graduated: _____ No. of Credits Completed: _____ Degree: _____
Other Training:	From _____ To _____	Date Graduated: _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment and/or experience.

PERSONAL DATA

- Have you ever been convicted of a crime? Yes _____ No _____
If YES, please attach explanation (do not include minor traffic violations).
- Military Service: Date Entered _____ Date Separated _____ Branch of Service _____
- If you are not a U.S. citizen, list type of visa _____
- Have you ever been dismissed, asked to resign, or refused employment? Yes _____ No _____
(If YES, please give full details. Please use additional sheets if necessary.)

REFERENCES: Please list three persons (other than relatives) who may be contacted to testify concerning appropriate experience, ability or character.

	FULL NAME	TITLE	COMPLETE ADDRESS	TELEPHONE
1.				
2.				
3.				

I hereby authorize the Christina School District to request verification of statements made by me on this employment application. I also give permission to any of my former employers to release the information requested to the Christina School District. Further I release such employers and the Christina School District from all liability for any damage whatsoever for issuing such information. I certify that all statements made on this application are true and complete to the best of my knowledge and that any false statements or withholding any information could subject me to disqualification or dismissal.

Signature _____ **Date** _____

THIS APPLICATION IS COMPLETE WHEN ALL NECESSARY INFORMATION IS PROVIDED AND WILL BE KEPT ON FILE FOR ONE YEAR.

Return Application to: CHRISTINA SCHOOL DISTRICT
Eden Support Services Center
Attn: Facilities Management
925 Bear Corbitt Road
Bear, DE 19701
PH: (302) 454-2400 x200
FX: (302) 454-5440

Rev. 4/09