

LINCOLNVIEW LOCAL SCHOOLS
CLASSIFIED EMPLOYEE APPLICATION

NAME _____ SOCIAL SECURITY NO. _____

ADDRESS _____ TELEPHONE _____

APPLICATION FOR WHAT POSITION: _____

AVAILABILITY: Part-Time _____ Full-Time _____ Either _____ Substitute _____

EDUCATION:

	<u>Name of School</u>	<u>Years Attended Or Graduate</u>	<u>Degree Held</u>
School	_____	_____	_____
College	_____	_____	_____
Business or Technical School	_____	_____	_____

WORK EXPERIENCE: (List most recent first)

	<u>Employer</u>	<u>Years</u>	<u>Position Held</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Armed Services (Active) Branch of Service _____ No. of Months _____

REFERENCES:

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Over)

