

**APPLICATION FOR SUPPORT PERSONNEL**  
*For Cheatham County Public School System*

**POSITION DESIRED:** \_\_\_\_\_ **SCHOOL PREFERENCE:** \_\_\_\_\_

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

*Last First Middle Init.*

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

*Street City State Zip*

**\*\*YOU MUST PROVIDE US WITH A COPY OF YOUR Date of Birth:**

**HIGH SCHOOL OR G.E.D. DIPLOMA**

<b>EDUCATION</b>	<b>NAME &amp; LOCATION OF SCHOOL</b>	<b>YEARS ATTENDED</b>	<b>DATE GRADUATED</b>	<b>SUBJECTS STUDIED</b>
<b>High School</b>				
<b>College</b>				
<b>Trade, Business, Correspondence</b>				
<b>Computer Skills</b>				

**FORMER EMPLOYERS:** (List below the last three employers, beginning with the last one first.)

<b>DATE, MONTH &amp; YEAR</b>	<b>NAME &amp; ADDRESS OF EMPLOYER</b>	<b>SALARY (OPTIONAL)</b>	<b>POSITION</b>	<b>REASON FOR LEAVING</b>

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** (If "yes", please explain on the back of this application.)

**HEALTH PROBLEMS:** Do you have any health problems that will prevent you from performing the essential function of this job with or without reasonable accommodations? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** (If "yes", please explain below.)

**REFERENCES:** Please list below the names of three persons not related to you, whom you have known for at least one year.

<b>NAME</b>	<b>ADDRESS</b>	<b>BUSINESS</b>	<b>YEARS ACQUAINTED</b>

**IN CASE OF EMERGENCY, NOTIFY:** \_\_\_\_\_

*Name*

*Address*

*Phone No:*

I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_