



Human Resources
Whiteville City Schools
107 W. Walter Street
Whiteville, NC 28472
(910) 642-4116 Phone
(910) 642-0564 FAX

Classified Application

Personal Information:

NAME: _____ SOC. SEC. # _____
First Middle Last

ADDRESS: _____ TELEPHONE #: _____

DATE OF APPLICATION: _____ DATE AVAILABLE FOR EMPLOYEMENT: _____

NEW APPLICANT FORMER APPLICANT FORMER EMPLOYEE

CHECK THE POSITION(S) FOR WHICH APPLICATION IS BEING MADE:

TEACHER ASSISTANT BUS DRIVER CLERICAL
 CUSTODIAN CHILD NUTRITION MAINTENANCE
 SUBSTITUTE DATA MANAGER

LIST RELATED JOB SKILLS YOU POSSESS:

EDUCATION:

	NAME	DATES ATTENDED	DEGREE AWARDED
HIGH SCHOOL			
COLLEGE			
OTHER			

EMPLOYMENT EXPERIENCE:

LIST EMPLOYMENT BEGINNING WITH LAST OR PRESENT JOB

Yes No MAY WE CONTACT YOUR PRESENT EMPLOYER?

ADDITIONAL INFORMATION:

YES No Have you ever been suspended, dismissed, fired, or discharged from a position of employment?

Yes No Have you ever been convicted of any violation of the law other than a traffic ticket?

Yes No Do you have criminal charges or procedures pending?

REFERENCES:

NAME	ADDRESS	TELEPHONE	POSITION/RELATIONSHIP

Employment of Relatives:

Please list the names of any school board member, principal, or central office administrator in the school system to whom you are related as an immediate family member (spouse, parent, child, brother, sister, grandparent or grandchild...includes step, half and in-law relationships.)

NAME	RELATIONSHIP

The undersigned applicant/employee hereby gives authorization to the Board of Education, its agents, and its employees to make any investigation of my personal or employment history, expressly including, but not limited to, federal and/or state criminal, law enforcement, or traffic records. I further authorize any former employer, person, firm, corporations, credit agency, administrative body or governmental agency to give the Board of Education, its agents, or its employees any information they may have regarding me. In consideration of the review of my employment application by the Board of Education, its members, officers, agents, or its employees, I hereby release the Board of Education and any and all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information. A copy of this consent and release shall be considered as a duplicate original.

I have read the information contained in the application carefully and certify that the information I have given is correct and complete. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.

Date: _____ Signature: _____

APPLICATIONS WILL REMAIN ON FILE FOR A PERIOD OF ONE YEAR.

WHITEVILLE CITY SCHOOLS PROVIDES EQUAL OPPORTUNITY FOR ALL APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE OR DISABILITY.