

SUBSTITUTE AIDE APPLICATION

PERSONAL	Last Name			First	Middle	Date		
	Street Address					Home Phone ()		
						Business Phone ()		
	City, State, Zip					E-MAIL ADDRESS		
	Have you ever worked for Fayette County Schools? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes: Month and Year _____ Location _____					Social Security No.		
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> YES <input type="checkbox"/> NO If Not, what hours can you work? _____							
	Are you legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO				When will you be available to work?			
	Typing Rate (w.p.m.)							
List type of computer and/or word processor you can operate.								
EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL		COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA	
	College					<input type="checkbox"/> YES <input type="checkbox"/> NO		
	High					<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Elementary					<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Other					<input type="checkbox"/> YES <input type="checkbox"/> NO		
SUPPLEMENTAL QUESTIONS					If answer is YES, provide following DATE COURT OFFENSE			
Have you ever been convicted of or entered a plea to a felony?					<input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been convicted of or entered a plea to abuse or neglect?					<input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been convicted of or entered a plea to a crime involving preparation, distribution or exhibition of obscene matter to a minor?					<input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been convicted of or entered a plea to sexual assault, sexual abuse, or any sexual offense against a child or children?					<input type="checkbox"/> YES <input type="checkbox"/> NO			

NOTE: All applicants must have a high school diploma or GED Certificate or enrolled in an approved adult education course in preparation for obtaining a GED by the date of employment.

THIS APPLICATION WILL BE KEPT ON FILE FOR ONE SCHOOL YEAR. IT WILL BE DISCARDED AT THE END OF THE SCHOOL YEAR UNLESS RENEWED IN WRITING BY THE APPLICANT OR UNLESS IT BECOMES PART OF YOUR PERSONNEL FILE UPON HIRING.

(OVER)

EMPLOYMENT
(Use additional sheet if more space is needed)

Please give accurate, complete full-time and part-time employment record. Start with recent or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving
2	Company Name	Telephone ()
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving
3	Company Name	Telephone ()
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

REFERENCES: ALL APPLICANTS MUST GIVE FIVE REFERENCES BUSINESS/WORK/PERSONAL (NOT RELATED TO YOU)

NAME	BUSINESS/OCCUPATION	COMPLETE ADDRESS

SIGNATURE:

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. Falsification of information or dishonesty in completion of this application may result in termination.

DISCRIMINATION PROHIBITED: As required by Federal laws and regulations, the Fayette County Board of Education does not discriminate on the basis of sex, race, color, religion, disability, age and national origin in employment and in the administration of any of its education programs and activities. Inquiries may be directed to Title IX Coordinator, Fayette County Board of Education, 111 Fayette Avenue, Fayetteville, WV 25840, phone (304) 574-1176; to Section 504 Coordinator, at the aforementioned address and telephone number; to the State Elimination of Sex Discrimination Project Coordinator, (304) 558- 3430; to the State Section 504 Coordinator, (304) 558-2696; WV Department of Education, Charleston, WV 25305; or to the U.S. Department of Education's Director of the Office for Civil Rights, (215) 596-6795.

DATE: _____ **SIGNATURE:** _____