

Salem City School District

Dr. Amiot Michel
Superintendent

Herbert Schectman
Business Administrator

Dr. Meghan Taylor
Director of Special Services

APPLICATION FOR EMPLOYMENT

If the application is not filled out to the entirety your application may be disqualified.

Name: _____ Date: _____

Address: _____
Street City State Zip

Telephone : (_____) - _____ Alternate Number : (_____) - _____

EDUCATIONAL RECORD:

High School: _____ Course of Study: _____ Year Graduated: _____

Other: _____ Course of Study: _____ Year Graduated: _____

EMPLOYMENT RECORD

	<u>Occupation</u>	<u>Employer</u>	<u>Location</u>	<u>Name of Supervisor</u>	<u>Dates</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

REFERENCES

	<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone Number</u>
1.	_____	_____	_____	(_____) - _____
2.	_____	_____	_____	(_____) - _____
3.	_____	_____	_____	(_____) - _____

Are you related to any member of the current Salem City Board of Education or Administration?

Yes____ No____ If "yes", to whom, and how are you related? _____

Is there any reason why you can't perform this job? Yes____ No____ If "yes" explain: _____

Please list any training, licenses or certifications held:

