

The Sherman Public School District

2 Route 37 East, Sherman, CT 06784
Telephone: (860) 355-3793/Fax: (860) 355-9023

NON-CERTIFIED EMPLOYEE APPLICATION

Date: _____ Position applied for: _____

Name: _____
First Middle Last

Present Address: _____
_____ Telephone No.: _____

Permanent Address: _____
_____ Telephone No.: _____

Other phone number(s) where you can be reached: _____

Are you a United States Citizen? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please give details: _____

Have you been fingerprinted? Yes No

If yes, when and where: _____
(Proof that you have been fingerprinted is required.)

Effective July 1, 1994, Connecticut State Statutes requires all new employees be processed with a criminal background check. This process will include fingerprinting and criminal background check by local, state and FBI agencies.

SIGNATURE

DATE

The Sherman Board of Education prohibits harassment and discrimination on the basis of race, color, religious creed, age, marital status, military or veteran status, national origin, sex, ancestry, sexual orientation, or past or present physical or mental disability in accordance with Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments Act of 1972, Section 504 and the Federal Vocational Rehabilitation Act of 1973, the American Disability Act of 1989, the Civil Rights Act of 1987 and applicable state laws.

EMPLOYMENT HISTORY: Please provide the following information for each job held, starting with your most recent employment.

Employer: _____

Employer's address: _____

Employer's telephone number: _____

Title/position: _____

Job duties: _____

Supervisor's name: _____

Dates employed: _____

Reason for leaving: _____

Starting wage: _____ Ending wage: _____

Employer: _____

Employer's address: _____

Employer's telephone number: _____

Title/position: _____

Job duties: _____

Supervisor's name: _____

Dates employed: _____

Reason for leaving: _____

Starting wage: _____ Ending wage: _____

Employer: _____

Employer's address: _____

Employer's telephone number: _____

Title/position: _____

Job duties: _____

Supervisor's name: _____

Dates employed: _____

Reason for leaving: _____

Starting wage: _____ Ending wage: _____

EDUCATIONAL BACKGROUND:

A. Secondary Education: List all high schools attended			
Name/Location	Major Subject Area	Years Completed	Degree/Diploma

B. Higher Education: List all schools attended since high school.			
Name/Location	Major Subject Area	Years Completed	Degree/Diploma

C. Other schools or training: (trade, vocational, business)			
Name/Location	Major Subject Area	Years Completed	Degree/Certificate Earned

Please list any special skills or licenses relevant to performance of the job duties in question.

PERSONAL REFERENCES: Please list three.

NAME	ADDRESS	YEARS KNOWN	PHONE #