

GIBSON COUNTY SCHOOL DISTRICT
P O BOX 60, DYER, TENNESSEE 38330
Robert Galloway, Director of Schools
731-692-3803

DATE REC'D _____
INTERVIEW _____
TRAINING _____

APPLICATION FOR SUPPORT STAFF

20__ SCHOOL YEAR

CIRCLE THE DESIRED SCHOOL AREA:

POSITION APPLYING FOR:

DYER MEDINA MIDDLE
RUTHERFORD SPRING HILL
YORKVILLE GCHS
MEDINA ELEMENTARY KENTON
SOUTH GIBSON CO. HIGH SCHOOL

NAME _____ SS # _____
LAST FIRST MI

ADDRESS _____ PHONE # _____

CITY _____ STATE _____ ZIP _____

Date of Birth _____

I. PERSONAL DATA:

A. HAVE YOU EVER BEEN CONVICTED FOR A CRIME? _____ YES _____ NO
(IF YES, PLEASE EXPLAIN)

B. ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR
WHICH YOU HAVE APPLIED? _____ YES _____ NO

II. EDUCATION:

School Name/Location	Dates Attended	Type of Diploma/ Degree/ Certificate
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ELEMENTARY _____

HIGH SCHOOL _____

COLLEGE _____

TRADE/OTHER _____

III. MILITARY SERVICE
BRANCH:

LENGTH OF SERVICE: DATES: FROM _____ TO _____

IV. WORK EXPERIENCE: (BEGIN WITH THE MOST RECENT)

EMPLOYER	ADDRESS	PHONE	POSITION	DATES EMPLOYED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

V. JOB SKILLS: (LIST SKILLS FOR JOB IN WHICH YOU HAVE APPLIED)

VI. PERSONAL REFERENCES:

NAME	ADDRESS	PHONE #
_____	_____	_____
_____	_____	_____

**I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONDITIONAL UPON
PASSING THE NECESSARY MEDICAL EXAMINATION. ALL STATEMENTS AND
RESPONSES IN THIS APPLICATION ARE TRUE AND EXACT TO THE BEST OF MY
KNOWLEDGE.**

**ANY FALSIFICATION OF THIS APPLICATION FOR EMPLOYMENT WILL RESULT
IN YOUR IMMEDIATE DISMISSAL.**

NAME _____
PLEASE PRINT

DATE _____

SIGNATURE _____

Applications are placed in the active files for the duration of the school year in which the application is filed. It is your responsibility to notify the Personnel Department in writing if you want your application updated.