

# Lamar County Board of Education

## Application Form Non-Certified Personnel

(Please Print)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_

Cellphone ( ) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please list the specific position you are applying for: : \_\_\_\_\_  
\_\_\_\_\_

Please list the School(s) or work where you would be willing to work : \_\_\_\_\_  
\_\_\_\_\_

Are you in Good Health ? \_\_\_\_\_ Please list any Physical or Mental problems that may prevent you from  
performing your assigned task : \_\_\_\_\_

### Education and Training

	Grade Completed	Dates Attended	Name of School
High School		-	
Business School or Business College		-	
Junior College		-	
Trade School Community College		- -	
College or University		-	
Other		-	

Have you completed any Apprenticeship Program? \_\_\_\_\_ Date Completed \_\_\_\_\_

Trade or Organization Apprenticeship served in \_\_\_\_\_  
\_\_\_\_\_

Job Related courses or training included in Apprenticeship Program \_\_\_\_\_  
\_\_\_\_\_

Skills (Typing, Shorthand, Bookkeeping, Machines Operated, Etc.) \_\_\_\_\_  
\_\_\_\_\_

Awards, Degrees, Honors: \_\_\_\_\_  
\_\_\_\_\_

### Work Experience

Company	Dates Worked	Assignment	Immediate Supervisor
1.	-		
2.	-		
3.	-		
4.	-		
5.	-		

Present Position or Last Position: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

## References

Name	Address & Phone Number	Official Postion
1.		
2.		
3.		

Have you ever been Convicted of a Criminal Offense ?      Yes    or    No      *(please circle one)*

If Yes, Give details below:

Where Arrested \_\_\_\_\_ Name of Court \_\_\_\_\_

Date \_\_\_\_\_ Nature of Charge \_\_\_\_\_ Disposition \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

The Board has an obligation to the students and the community it serves to employ those persons who will be the most competent in the position for which they are employed and will practice their profession according to the highest ethical standards. To achieve these objectives, the Board shall conduct investigations including verification of prior employment history education.

By signing this form, I authorize the Lamar County School System to verify all information in this application, to check references, and make additional Investigations as appropriate. I hereby certify that the above statements are true and complete to the best of my knowledge and understand that failure to disclose information asked for on this form or falsification of statements and facts may be sufficient reason to disqualify me for employment or if employed, cause my dismissal. Further, I agree that, if employed, I will abide by the policies and regulations of the Board.

This application will remain on file and active for not less than 12 month from date of submission:

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

*The Lamar County Board of Education is an equal opportunity employer and employs without regard to age, race, religion, color, sex, handicap, or national origin.*

***(Applicants do not write in this space)***

1. \_\_\_\_\_

2. \_\_\_\_\_

**AFTER  
EMPLOYMENT  
ATTACH  
A  
RECENT  
PHOTOGRAPH**