

**Morgan County Board of Education
1065 East Avenue
Madison, GA 30650
(706) 342-0752**

School Nutrition Program and Custodial Employment Application

Date _____

Social Security Number _____ - ____ - _____

Name _____
Last First Middle Maiden

Present Address _____
Number Street City State Zip

Telephone Number (____) _____

Are you over the age of 18? Yes No

Position(s) applied for _____

Days/Hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired Full-Time Only Part-Time Only Substitute Only
 Full-Time OR Part-Time OR Substitute

When are you available to begin work? _____

List names of any relatives employed by this school system: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO YES
 If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed and sentence(s) imposed. _____

Work Experience

Please list your work experience for the past five years beginning with your most recent job held.

| | | | |
|---|---|-------------------------|-----------------------------------|
| Employer Name: Address: Phone number: | Employment Dates: From _____ To _____ | Name of Last Supervisor | Reason for leaving (be specific): |
| Employer Name: Address: Phone number: | Employment Dates: From _____ To _____ | Name of Last Supervisor | Reason for leaving (be specific): |
| Employer Name: Address: Phone number: | Employment Dates: From _____ To _____ | Name of Last Supervisor | Reason for leaving (be specific): |
| Employer Name: Address: Phone number: | Employment Dates: From _____ To _____ | Name of Last Supervisor | Reason for leaving (be specific): |
| Employer Name: Address: Phone number: | Employment Dates: From _____ To _____ | Name of Last Supervisor | Reason for leaving (be specific): |

May we contact your present employer? Yes No

References

Please list two references other than relatives or previous employers.

| | |
|------------------------|------------------------|
| Name _____ | Name _____ |
| Address _____ _____ | Address _____ _____ |
| Telephone _____ | Telephone _____ |
| Occupation _____ | Occupation _____ |

Education

| | Name of School | Dates Attended | Degree | City/State |
|-----------------------------|-----------------------|-----------------------|---------------|-------------------|
| High School | | | | |
| College | | | | |
| College | | | | |
| Vocational/Technical | | | | |

Skills

Please summarize or list any additional skills or information necessary to describe your full qualifications for the position for which you are applying.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Morgan County Board of Education permission to contact schools, previous employers (unless otherwise noted) and references.

Signature of Applicant _____ **Date:** _____

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