Bamberg School District Two

APPLICATION FOR CLASSIFIED EMPLOYMENT

COMPLETE THIS FORM IN BLUE INK IN YOUR OWN HANDWRITING. COMPLETE ALL PARTS. APPLICATIONS THAT ARE NOT COMPLETE AND LEGIBLE WILL NOT BE CONSIDERED. All questions must be answered.

- Do not respond "see resume" on any part of the application. Resume may be attached to provide additional information.
- When the application is completed and signed, it should be submitted to the Human Resources Office. **It is the responsibility of the applicant to have the three reference forms completed and returned to the Human Resources Office.** *ALL THREE REFERENCES MUST BE ON FILE BEFORE YOU MAY BE CONSIDERED FOR A POSITION.*
- Completed applications will remain on file and active for ONE year from the date of the application. Employment is contingent upon satisfactory results on a South Carolina Law Enforcement background check and Board of Trustee's approval.

Date of Application: _____   Date Available to work: _____ _____

P E R S O N A L

Full Name : _____
            Last   First   Middle

Address: _____
     Street # or P.O. Box or Apt. #   City   State   Zip Code

Date of Birth : _____   Social Security Number: _____

Home Phone Number: _____   Alternate Phone Number: _____

Are you legally eligible for employment in the United States? _____

Present position: _____   Present annual salary: _____

1. Have you ever been employed with Bamberg District Two Schools?   Yes: ___ No: ____
2. Have you ever been dismissed or asked to resign from employment?   Yes: ____ No: ____
3. Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation?   Yes: ____ No: ____
  * If you answered yes to the above questions, please give a number and the details below:

INDICATE POSITION(S) DESIRED by using a check mark

__ Secretary   __ Instructional Teaching Assistant   __ Clerical Assistant   __ Head Custodian   __ Custodian   __Cafeteria Manager __ Cafeteria Operator   __ Maintenance   __Substitute Teacher   __Substitute Custodial Worker   __ Substitute Cafeteria Operator   __ Library Assistant   __ Attendance Assistant   __ Cashier   __ Other (Please Explain) _____

BACKGROUND CHECKS ARE COMPLETED BY HUMAN RESOURCES OFFICE

SLED Check Completed _____   **Sex Offender Registry Check Completed _____**

EEO STATEMENT

Bamberg School District Two is fully committed to affirmative action and to its policies of nondiscrimination and equal opportunity in all programs, activities, services, and employment with regard to race, color, national origin, sex, age, status as a person with a disability, religion, sexual orientation, gender/gender identity and protected veteran's status. Bamberg Two seeks to provide equal access to its programs, services and activities for people with disabilities. Reasonable prior notice is needed to arrange accommodations. Evidence of practices not consistent with these policies should be reported to the individual who the District has designated as its Title IX Coordinator: Director, of Human Resource Services, 62 Holly Avenue, Denmark, SC 29042 (803) 793-3346 Ext. 19.

PLEASE COMPLETE THE FOLLOWING INFORMATION ONLY IF YOU ARE APPLYING FOR A CLERICAL ASSISTANT, LIBRARY ASSISTANT OR SECRETARIAL POSITION.

Indicate your knowledge of the following office equipment/procedure by using a check mark. Write in any others not listed.

__ Computer (personal computer, CRT word processor, or other)   __ Copier   __ Calculator   __ Switchboard

__ Shorthand   __ Typing (electric)   Typing speed: _____ (words per minute)   __Other: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION IF YOU ARE APPLYING FOR A SUBSTITUTE TEACHER POSITION. Place a check mark beside the schools in which you would like to work.

__ Denmark-Olar Elementary School   __ Denmark-Olar Middle School   __ Denmark-Olar High School

Do you have relatives currently employed with Bamberg School District Two? (In-laws, siblings, cousins, parents, children,)

EDUCATIONAL BACKGROUND

	Name and Location of Institution	Academic Major	Dates Attended From	To	Degree Received
High School					
City, State					
College/University					
City, State					

WORK EXPERIENCE (include military service if any). List most recent employment first.

Employer Name and Address	Dates of Employment To	From	Job Description	Supervisors Name and Phone #

REFERENCES (Please list three references who are not related to you). This section must be fully completed.

Name	Address	Telephone Number

grandchildren, etc.) __ Yes   __ No. If you answered yes, please list names, positions and site where they are employed:
_____
_____

INSTRUCTIONAL TEACHING ASSISTANT APPLICANTS ONLY

If you do not have a college degree, you must meet one of the following criteria in order to be employed as an instructional aide in a Title I school.

1. Have at least a two-year degree from an accredited institution (transcript must be on file in Human Resources Department)
2. Have passed 60 semester hours from an accredited institution that can be applied to a four-year degree (transcript must be on file in Human Resources Department)
3. Pass the ParaPro examination

Please indicate which of the above criteria will qualify you for this position.

___ My 60 semester hours were taken at _____ and my major was_____
    ___ I have submitted the official transcript to the Human Resources Department

___ I have a two year degree from _____ and my major was _____
    ___ I have submitted the official transcript to the Human Resources Department

___ I have a four year degree from _____ and my major was _____
    ___ I have submitted the official transcript to the Human Resources Department

___ I have taken and passed the ParaPro examination
    ___ I have submitted a copy to the Human Resources Department

___ I will need to take and pass the ParaPro examination. I understand that if I do not pass the exam that I will not be able to be employed as an instructional aide.

ASSURANCES

I certify that the information provided on this application is true and complete to the best of my knowledge, and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date.

I authorize persons, schools, my current employer, my previous employers, and other organizations I have named in this application, to provide the District with any relevant information that the District may require. I further release all parties providing information form any and all liability or claims for damages that may result from the disclosure or use of this information. I also understand that my employment is conditioned upon the District's receipt of a satisfactory SLED report.

I understand that failure to complete all sections, or to sign the application, may result in disqualification.

I have read this application in its entirety.

Applicant's Signature_____ Date: _____

Please return this application to:
    Bamberg School District Two
    Human Resources Department
    62 Holly Avenue, Denmark, South Carolina
    Phone: (803) 793-3346 * Fax: (803) 793-2006

Bamberg School District Two

An Equal Opportunity Employer

Human Resources Department

62 Holly Avenue *Denmark, South Carolina *29042

Telephone: (803) 793-3346 * Fax: (803) 793-2006

Website: www.denmarkolarschooldistrict2.org

REFERENCE FORM FOR CLASSIFIED EMPLOYMENT

To be completed by applicant: DATE SUBMITTED: _____

NAME OF APPLICANT: _____ POSITION APPLIED FOR: _____

Items 1-10 to be completed by the individual named as a reference.

1. Please check the appropriate column to indicate your evaluation of the applicants qualifications listed below.
2. Has the applicant worked with you? _____ If yes, approximate length of time_____

POOR	BELOW AVERAGE	AVERAGE	EXCELLENT	SUPERIOR	
					CHARACTER
					LOYALTY
					ENERGY
					COOPERATION
					PERSONAL APPEARANCE
					PERSONALITY
					PUNCUALITY
					INITIATIVE
					RAPPORT WITH OTHERS
					PROFESSIONALISM

3. Why did the applicant leave your employment? _____
4. If circumstances permitted would you employ this applicant? _____
5. Does this applicant posses clerical skills? _____
6. Does this applicant posses supervisory/administrative work skills? _____ If yes please list _____
   _____
7. Do you know of any reason the district should not employ this applicant? _____
8. What do you consider the applicant's strongest point? _____
9. What do you consider to be the applicant's weakest point? _____
10. Would you prefer talking to us by phone? Yes: _____ No ____ if yes, list phone number: _____
11. Comments_____

Date Completed: _____ Signature of Person completing form: _____

Title/Position: _____ Address: _____

_____

Home Phone #: _____   Business Phone #: _____