

CLASSIFIED APPLICATION

Name		Date		
Mailing Address				
City	State	Zip		
Email Address	nail Address Phone Number			
What type of position(s) would you like to apply for?	,		
EDUCATION				
High School				
College/University				
Bachelor's Degree	Master's Degree	Other		
Major	Minor	Years Completed		
Are you presently employ	zad?			

WORK EXPERIENCE (Start with the most recent employer)

Employer			
Address			
City	State	Zip	
Supervisor	I	Phone Number	
Starting Date	I	Ending Date	
Reason for leaving			
Employer			
Address			
City	State	Zip	
Supervisor	Phone Number		
Starting Date	Ending Date		
Reason for leaving			
Employer			
Address			
City	State	Zip	
Supervisor	I	Phone Number	
Starting Date	I	Ending Date	
Reason for leaving			
What date would you be av	vailable to work?		
What days of the week are			

at nours can you	ı work?	 	 	

REFERENCES (Please list three (3) individuals we may contact who know your qualifications and background).

Name	Relationship
Address	
Phone Number	
Name	Relationship
Address	
Phone Number	
Name	Relationship
Address	
Phone Number	
Please include a copy of your or certifications, if applicabl	r resume, transcript(s), and professional licenses e.
I hereby certify that the informat best of my knowledge.	ion provided on this application is true and accurate to th
Signature	

Monroe Central School Corporation 1918 North 1000 West Parker City, IN 47368



"An Equal Opportunity Employer"