

FLORENCE SCHOOL DISTRICT ONE

An Equal Opportunity, Title IX Employer
Application for Classified Employment

Check Position(s) For Which You Are Applying:

CLASSROOM ASSISTANT
 MAINTENANCE

CLERICAL
 CUSTODIAN

SUBSTITUTE
 FOOD SERVICE

Social Security Number

Date of Application

To Be Completed in Applicant's Own Handwriting

Last Name / First Name / Middle Name

Street or P.O. Box / City / State / Zip Code / Telephone Number

In the event of an emergency, please contact (Optional): _____
Name / Telephone Number

Street or P.O. Box / City / State / Zip Code

Academic and Professional Training

Name of School	Location	Last Grade Completed	Certificate or Diploma Received
High School			
Other Education			

Previous Employers

Please list your three most recent employers

Employer / Address / Telephone

Position Held / Name of Supervisor

Employment Dates / Reason for Leaving

Employer / Address / Telephone

Position Held / Name of Supervisor

Employment Dates / Reason for Leaving

Employer / Address / Telephone

Position Held / Name of Supervisor

Employment Dates / Reason for Leaving

Please complete the back of this application.

Please list any skills which you have that are related to the position for which you are applying: _____

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?

Yes No If yes, please explain: _____
(A conviction will not necessarily disqualify the applicant.)

Would you be willing to work in any location within Florence School District One?

Yes No If yes, please explain: _____

FOOD SERVICE APPLICANTS ONLY

Manager Assistant Manager Full-Time Operator Part-Time Operator Substitute

Personal Statement

In a paragraph, please explain why you would be a good applicant in this area.

My signature below indicates that I have completed this application for employment accurately and truthfully. I understand that misrepresentation of factual information is cause for dismissal should I be employed by Florence School District One.

Date

Signature of Applicant

Date available for employment

**FLORENCE SCHOOL DISTRICT ONE
319 SOUTH DARGAN STREET
FLORENCE, SC 29506**

CLASSIFIED EMPLOYEE REFERENCE FORM

Name of Applicant _____

Address of Applicant _____

Position applying for: _____

The person named above is applying for a position as shown. As part of our employee selection process, an applicant must furnish recent employer references. We ask that these references come from persons who have known the applicant well enough to vouch for suitability to work in public schools in the position being sought. The applicant's signature below indicates waiver of the right to see this form, therefore the information you provide on this form will be considered confidential. If the applicant does not sign the waiver below, we cannot insure that the applicant will not have access to your ratings.

1. Excellent Top 10% 2. Above Average Top 25% 3. Average Middle 50% 4. Below Average Bottom 25% X. Unknown

	1	2	3	4	X		1	2	3	4	X
1. Attendance						5. Dependability					
2. Attitude toward supervision						6. Punctuality					
3. Ability to accept criticism						7. Initiative					
4. Cooperation with co-workers						8. Personal appearance					

1. How long have you known the applicant? _____

2. How do you know the applicant? _____

3. Have you supervised the applicant? _____

4. Would you employ or re-employ the applicant? _____

5. If the applicant left your organization, why? _____

Signature of Evaluator Date

I hereby waive the right to review
the confidential reference information
provided on this form.

Please Print or Type Evaluator's Name

Title of Evaluator

Signature of Applicant

Street or P.O. Box

Date

City/State/Zip Code

Phone Number

**Florence School District One
319 South Dargan Street
Florence, SC 29506-2589
(843) 669-4141**

Florence School District One’s policy, GAM, states that, “A criminal record history check on all employees must be obtained from S.L.E.D. prior to their employment.” Your date of birth is needed to accurately perform this search. This information will only be used for the S.L.E.D. check and for no other reason. Please complete this form and return it with your application.

Date of Birth

Signature

Date



Florence Public School District One

319 South Dargan Street
Florence, South Carolina 29506-2589
Telephone (843) 669-4141 Fax (843) 673-1189 www.fsd1.org

Requirements for Classified Positions

The following information should be returned with your application, except the references. However references must be received before your application process is complete.

Classroom Assistant Application Procedures

1. Application
2. 60 college credit hours or PARA-PRO or WorkKeys test
3. SLED form
4. References (can be mailed or faxed)

Clerical Application Procedures

1. Application
2. High school diploma or GED or college transcript
3. 60 college credit hours or WorkKeys or PARA-PRO or TABE
4. SLED form
5. References (can be mailed or faxed)

Food Service Workers/Custodian Procedures

1. Application
2. High school diploma or GED or college transcript
3. SLED form
4. References (can be mailed or faxed)

Substitute Application Procedures

1. Application
2. High school diploma or GED or college transcript
3. SLED form
4. Copy of Driver's License and Social Security card
5. References (can be mailed or faxed)
6. Tuberculosis skin test (wait for notification of orientation)
7. Substitute Orientation (will be notified)

Notify the Personnel Department to be considered for a specific vacancy. The supervisor that has the vacancy will review the applications of the ones interested, interview, and make a recommendation to the Assistant Superintendent of Personnel. All recommendations will be reviewed for approval.

Business Hours

Monday – Thursday 8:00 a.m. – 4:30 p.m.

Friday 8:00 a.m. – 4:00 p.m.

Summer Hours

Monday – Thursday 8:00 a.m. – 5:45 p.m.

Closed on Fridays