

Smyrna School District
82 Monrovia Avenue, Smyrna, DE 19977
Phone: 302-653-8585 Fax: 302-659-6290

(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED)

EMPLOYMENT APPLICATION
(For Child Nutrition Positions ONLY)

Personal Information								
APPLICANT'S NAME				Date of Application				
POSITION(S) DESIRED:								
Social Security Number:								
Home Address:								
City:			State:			Zip:		
Home Phone:								
Email Address:								
Date available for Interview:								
Date Available for Employment:								
Do you hold a certificate for the type of position(s) for which you are making application?								
Education								
School Name	Years Attended	Date Left or Graduated	What Degree					
Elementary	Fr:							
	To:							
Secondary	Fr:							
	To:							
Post High School	Fr:							
Business or Vo-Tech	To:							
College(s)	Fr:							
	To:							
Experience: List present position first.								
Name of Employer	Type of Experience	Number of Years	Dates					
			Begin		End			
			Mo.	Yr.	Mo.	Yr.		
			-					
			-					
			-					

(Attach sheet if more space is needed)

May we contact your past employers?		Yes		No	
Salary Credit for Military Service can be established only if photostats of military service records are included.					
Date Enlisted		Date Inducted:		Date Separated:	
Personal Data					
Place of Birth					
Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation)?					
Have you ever been dismissed from a position		Yes		No	
Mention any qualifications which you believe qualify you for the position:					
Are you able to perform the essential functions of the job either with or without reasonable accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Upon employment by the Smyrna School District, it is required that a doctor's certificate be furnished indicating the limitations, if any, on the applicant's ability to perform job related functions.					
References					

A. Two references (Name, Address, and Phone Number) who can testify as to your character:

1.
2.

B. Two persons (Name, Address, and Phone Number) who can testify as to your success in employment:

1.
2.

I hereby certify that the above statements are true and correct to the best of my knowledge, and hereby agree that my contract based upon this application is not valid unless all conditions for employment have been fulfilled, and that any deliberate falsification of facts may be grounds for refusal or revocation of my certificate and dismissal from Employment.

Signature	
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