



Lawrenceburg Community School Corporation

300 Tiger Boulevard, Lawrenceburg, IN 47025

812-537-7200

**Classified Employment Application**

Fax 812-537-0759

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Can you produce documentation to verify legal employability in the U.S.? YES NO

Have you ever worked for this school corporation? YES NO  
  If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Certificate/Degree: \_\_\_\_\_

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Previous Employment (start with most recent)**

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact this previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact this previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact this previous supervisor for a reference? YES  NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Licenses/Certifications/Endorsements**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Disclaimer and Signature

*It is the policy of the Lawrenceburg Community School Corporation to comply with the Indiana Civil Rights Act (I.C. 22-9-1), I.C. 20-8.1-2, Title VI and VII of the Civil Rights Act of 1964, the Equal Pay Act of 1973, Title IX (1972) Education Amendments, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1992, the Family Medical Leave Act of 1993, and other applicable State and Federal Statutes. The Lawrenceburg Community School Corporation further assures that it will not discriminate against any person on the basis of race, color, religion, sex, national origin, age, disability, or limited English proficiency, nor will anyone be denied the benefits of, or be otherwise subjected to discrimination in admission or access to, or treatment or employment in the conduct of any of its educational programs and activities and the operation of its facilities.*

*In keeping with the School Board's commitment and requirements of the law, the School Board and staff will strive to remove any vestige of discrimination in employment, assignment, and promotion of staff; in educational programs, services and opportunities offered students; in location and use of facilities; and in educational materials.*

*Inquiries regarding compliance with Title IX, Section 504 or the Americans with Disabilities Act, or limited English proficiency should be directed to the Superintendent of the Lawrenceburg Community School Corporation, 300 Tiger Boulevard, Lawrenceburg, IN 47025. The telephone number is (812) 537-7200 or the Office for Civil Rights, Washington, D.C.*

*Legal Reference: IC 20-4-10.1-1 et seq.*

*IC 20-5-2-1*

*IC 20-5-2-2*

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that the use of my social security number may be for background check disclosure.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_