

**MUST BE A HIGH SCHOOL GRADUATE TO BE CONSIDERED FOR ANY POSITION**

LATTA SCHOOL DISTRICT  
205 King Street  
Latta South Carolina 29565

For Office Use Only  
DATE: \_\_\_\_\_  
RENEWED: \_\_\_\_\_

THIS APPLICATION IS FOR:

FULL-TIME

\*\*Instructional Assistant \_\_\_\_\_  
Food Service \_\_\_\_\_  
Custodial Maintenance \_\_\_\_\_  
Bus Driver \_\_\_\_\_  
Secretarial/Clerical \_\_\_\_\_

PART-TIME

Substitute Teacher \_\_\_\_\_  
Substitute Food Service \_\_\_\_\_  
Substitute Custodial/Maintenance \_\_\_\_\_  
Substitute Bus Driver \_\_\_\_\_

\*\*Instructional Assistants

- Must have completed at least 2 years of study at an institution of higher education (60 semester hours); or
- Must have obtained an associate's (or higher) degree; or
- Must have met a rigorous standard of quality and can demonstrate, through the Parapro Test or Work Keys Test –
  - a. knowledge of, and the ability to assist in instructing, reading, writing, and mathematics; or
  - b. knowledge of and the ability to assist in instructing, reading readiness, writing readiness, and mathematics readiness, as appropriate.

THIS APPLICATION REMAINS ACTIVE FOR THE CURRENT SCHOOL YEAR ONLY.  
RENEWALS MUST BE MADE IN PERSON OR BY MAIL.

NAME \_\_\_\_\_  
Last First Middle Initial

HOME PHONE NO. (\_\_\_\_) \_\_\_\_\_ CELL PHONE NO. (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street & No. / P. O. Box City State Zip

SOCIAL SECURITY NO. \_\_\_\_\_ DRIVER'S LICENSE \_\_\_\_\_  
State Number

Have you ever been convicted of law violations (excluding traffic violations)?  
\_\_\_\_ Yes \_\_\_\_ No If yes, list convictions and date \_\_\_\_\_

Describe any pending violation (excluding traffic violations): \_\_\_\_\_

Do you have the results of a current Tuberculin Skin test? \_\_\_\_ Yes \_\_\_\_ No

Are you certified to drive a S. C. Public School Bus? \_\_\_\_ Yes \_\_\_\_ No

**EDUCATION: MUST BE A HIGH SCHOOL GRADUATE TO BE CONSIDERED FOR ANY POSITION**

**\*\*\*SEE INSTRUCTIONAL ASSISTANT QUALIFICATIONS ON PAGE 1\*\*\***

SCHOOL	NAME OF SCHOOL	YEAR LEFT	DID YOU GRADUATE?	DEGREE	MAJOR FIELD
HIGH SCHOOL					
COLLEGE					
GRADUATE					

**EMPLOYMENT HISTORY**

Begin with present or most recent employer (including military service) and work back.

1. EMPLOYER \_\_\_\_\_  
STREET & NUMBER \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
EMPLOYED FROM (YR. & MONTH) \_\_\_\_\_ TO (YR & MONTH) \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ PHONE NO. (\_\_\_\_) \_\_\_\_\_  
YOUR JOB TITLE \_\_\_\_\_  
NATURE OF WORK \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_
2. EMPLOYER \_\_\_\_\_  
STREET & NUMBER \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
EMPLOYED FROM (YR. & MONTH) \_\_\_\_\_ TO (YR & MONTH) \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ PHONE NO.(\_\_\_\_) \_\_\_\_\_  
YOUR JOB TITLE \_\_\_\_\_  
NATURE OF WORK \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_
3. EMPLOYER \_\_\_\_\_  
STREET & NUMBER \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
EMPLOYED FROM (YR. & MONTH) \_\_\_\_\_ TO (YR & MONTH) \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ PHONE NO.(\_\_\_\_) \_\_\_\_\_  
YOUR JOB TITLE \_\_\_\_\_  
NATURE OF WORK \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

Have you ever been dismissed, asked to resign or refused employment? \_\_\_\_ Yes \_\_\_\_ No

If yes, list employer and why. \_\_\_\_\_

\_\_\_\_\_  
If your work record with a former employer was under another name, please give that complete name so that we may verify your work record.

\_\_\_\_\_  
May we contact your former employers? \_\_\_\_ Yes \_\_\_\_ No

Your present employer ? \_\_\_\_ Yes \_\_\_\_ No If not, please explain: \_\_\_\_\_

\_\_\_\_\_  
Give personal references (not relatives or former employers) with whom you have had considerable contact. (for reference purposes)

NAME	CITY & STREET ADDRESS	PHONE NO.
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\_\_\_\_\_  
State all experiences involved with working with children or young people, cafeteria, custodial, secretarial or maintenance as appropriate for the position you are applying. Include any special skill, related courses or use of appropriate machinery.

\_\_\_\_\_  
Please use this space to tell us why we should hire you and how your can benefit our district.

\_\_\_\_\_  
If you were offered this position how soon could you begin work?

READ CAREFULLY BEFORE SIGNING:

I voluntarily give the Latta School District the right to investigate my past employment and activities, agree to cooperate in such investigations, and release from all liability or responsibility all persons, companies, or corporations supplying such information. I fully understand that all false answers or omissions made by me on this application or in connection with the above mentioned investigation will be sufficient cause for my immediate termination.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

The Latta School District offers equal opportunity in its employment, admission and educational activities and does not discriminate on the basis of race, sex or handicapping condition in compliance with Title IX, Section 504 or the Rehabilitation Act of 1973 and other civil rights laws.

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This is optional information that we keep because of certain state and federal regulations. Hiring decision will not be based on this information.

DATE OF BIRTH: \_\_\_\_\_ SEX:  Male  Female RACE: \_\_\_\_\_  
Month Day Year

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your ability to do the job. On the other hand, if you want the employer to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided and suggest the kind of accommodation which you believe would be appropriate.

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

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FOR OFFICE USE ONLY

Date interviewed \_\_\_\_\_ By \_\_\_\_\_

Date Employed \_\_\_\_\_

\*\*\*\*LATTA SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER \*\*\*\*