

LEDYARD PUBLIC SCHOOLS
SECRETARIAL / CLERICAL APPLICATION FORM

The Ledyard Board of Education is an Equal Opportunity Employer dedicated to a policy of nondiscrimination in employment on any basis prohibited by law.

Position: _____ Date: _____
Name: _____ Telephone: _____
Address: _____ S.S. #: _____
_____ Salary you are seeking: \$ _____

Education

High School: _____ Years Attended: _____
College or Secretarial School: _____ Years Attended: _____

Employment History

Name and Address of Company	From - To	Supervisor	Position Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other experience or preparation which you feel qualifies you for this position:

Skills

Typing Speed (wpm): _____ Shorthand Speed (wpm): _____

Do you have computer experience? _____

If so, on what kind of computer? _____

List software programs you have used: _____

Other Skills: _____

Professional References

Name and Address of Company	Telephone	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been convicted of a crime? If yes, please explain. *

Are there any criminal charges pending against you at this point in time? If yes, please explain. *

* Pursuant to Connecticut General Statutes Section 10-221d, effective July 1, 1994, the Ledyard Board of Education must require each hired individual to submit to state and national criminal history record checks within **thirty (30)** days from the date of employment. To facilitate this process the Ledyard Board of Education will arrange for the fingerprinting of each hired individual.

Do you have any physical problems that might prevent you from performing certain duties?

No

Yes

If yes, please describe:

Please read and sign:

I certify that the information on this job application is true and complete to the best of my knowledge. I understand that any omissions or falsifications will be reason for withdrawal of a job offer or termination of employment whenever the omission or falsehood is discovered. I authorize any investigation into the statements I have made in this application as necessary to arrive at an employment decision.

I have read, understand and agree to the foregoing.

Signature of Applicant

Date

Authorization and Release:

I authorize representatives of the Ledyard Board of Education to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background. I authorize my previous employers, references, and persons with knowledge of my work history and background to provide pertinent information to representatives of the Ledyard Board of Education and hereby release all such persons and waive any and all claims, demands or causes of action whatsoever, in connection with the request for and release of such information.

Signature of Applicant

Date

Please return with a copy of your resume and three letters of recommendation to:

Carolyn Hanover
Ledyard Public Schools
4 Blonder Boulevard
Ledyard, CT 06339

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This application will be kept on file no longer than one year from the date it is received.