

Cleveland City Schools After-School Programs

Social Security Number: _____ Date: _____

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Length of time you lived at this address? _____

Daytime Phone Number: _____ Evening Phone Number: _____

Work Experience

<u>Place</u>	<u>Description of Work</u>	<u>Dates of Employment</u>
--------------	----------------------------	----------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Last Immediate Supervisor: _____

Why did you leave this position? _____

Academic Training

High School Diploma Earned _____ Where? _____ When? _____

Currently enrolled in college? _____ Where? _____

Graduation Date: _____ Major and Minor: _____

References

Name

Position

Address/Phone

Special talent or training you may have in areas such as art, music, drama, tutoring, foreign language, sports, etc. which could be used in children's activities:

Hobbies or leisure time activities: _____

Briefly describe your experience in working with children and settings in which these activities have occurred:

Preference is given to applicants who are available five days a week from 2:45 – 6:00 PM. Employees should also be available to work with the program through portions of school holidays and breaks as well as full days in the summer.

All applicants for employment in the Cleveland City Schools After-School Programs will be required to complete three confidential reference questionnaires and to undergo a background check with the local police department.

The Cleveland City School System does not discriminate on the basis of race, sex, color, religion, national origin, age, disability, or veteran status in the provision of services, in programs or activities, or employment opportunities and benefits.

Signature of Applicant