PUTNAM COUNTY SCHOOLS

APPLICATION FOR SERVICE PERSONNEL VACANCY

(You must complete one of these forms for each position for which you are applying.)

| Name: | |
|--|--|
| Address: | |
| | |
| Telephone Number: | Social Security Number: |
| as advertised. | e position of at, |
| Please resp | pond to all questions below. |
| | or Putnam County Schools?If "Yes", in what At what location? |
| When were you initially employed as | a regular employee in this classification? |
| 2. Have you ever had a break in service? | ? If "Yes", in what year? |
| 3. Are you currently a substitute employed what classification(s)? | ree for Putnam County Schools? If "Yes", in |
| 4. Are you a new applicant? If ' last18 months? | "Yes", have you submitted a job application within the |
| | on for the following positions and wish to be considered for preference (This list MUST be the SAME on all bids |
| 1) | 4) |
| 2) | 5) |
| 3) | 6) |
| Use back of application to rank additional position | ions if necessary. |
| Signature: | Date: |

Please be advised that you could potentially lose paychecks if you go to a position with fewer days. Please check with the Payroll Department (extension 1132) before you accept such a position.

Receipt of application will be provided upon request.