

DANBURY LOCAL SCHOOL DISTRICT

9451 E. Harbor Road ▪ Marblehead, OH 43440

Tel: 419-798-5185 ▪ Fax: 419-798-2260

www.danburyschools.org

Date Received _____
CLASSIFIED APPLICATION

It is the policy of this District that no candidate for a position in this District shall be discriminated against on the basis of race, color, religion, sex, military status, national origin, non-disqualifying disability, age, ancestry, or any other protected categories.

Position Interest:	Full-Time	Part-Time	Substitute
Bus/Van Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Para Pro/Attendant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Custodial/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

PERSONAL INFORMATION

Name: _____ Soc. Sec. No: _____
Last First Middle

Home Telephone: _____ Cell _____ OK To Text? _____

Email Address: _____

Present Address _____ City _____ St _____ Zip _____

Previous Address _____ City _____ St _____ Zip _____

How Long At Present Address _____ How Long At Previous Address _____ Have you applied before? Y N When _____

Will you work overtime if asked? Y N When will you be available to begin work: _____

Do you have a valid Ohio Driver's License? Y N License Number _____

Has your license ever been suspended? Y N If yes, please explain: _____

Do you have a license, certificate, or other authorization to practice a trade or profession (such as boiler operator, paraprofessional, CDL, etc)? Y N If yes, please list and provide a copy:

Trade or profession _____ License Number _____ Expiration Date _____

Do you have keyboarding/computer skills? Y N

Indicate any equipment you operate (Office machines, computer programs, copiers, vehicles, machine tools, electronic devices, etc:)

Have you ever been discharged or requested to resign from a job? Y N If yes, please explain: _____

LEGAL

All prospective employees will be subject to a BCI/FBI background check at their own expense. Employment shall be temporary pending an acceptable background report.

Appropriate certification/licensure is necessary for employment.

In accordance with Federal law, any person employed by this District must provide evidence that he/she is eligible to work in the United States.

Are you legally eligible for employment in the United States? Y N

Have you ever been bonded? Y N If yes, with what employers? _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? Y N

If yes, describe in full: _____

EDUCATIONAL BACKGROUND

Do you have a GED (General Education Degree)? Yes No

Type of School	Name and Location of School	Years Attended	Graduated?	Course or Major
High School			Yes No	
College			Yes No	
Post Graduate			Yes No	
Business or Trade			Yes No	
Other			Yes No	

MILITARY EXPERIENCE

Years of Military Service (#) _____ Dates of Service: From _____ To: _____

Branch of Service _____ Do you have a reserve obligation? Y N

If yes, please explain: _____

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name:	Telephone Number:
Address:	Employed (state month and year): From: To:
Name of Supervisor:	Weekly Pay: Start: Last:
Job Title and Description of your work:	Reason for Leaving:

Company Name:	Telephone Number:
Address:	Employed (state month and year): From: To:
Name of Supervisor:	Weekly Pay: Start: Last:
Job Title and Description of your work:	Reason for Leaving:

Company Name:	Telephone Number:
Address:	Employed (state month and year): From: To:
Name of Supervisor:	Weekly Pay: Start: Last:
Job Title and Description of your work:	Reason for Leaving:

Company Name:	Telephone Number:
Address:	Employed (state month and year): From: To:
Name of Supervisor:	Weekly Pay: Start: Last:
Job Title and Description of your work:	Reason for Leaving:

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact: _____

Reason: _____

REFERENCES

Please list persons best qualified and willing to give an objective appraisal of your qualifications for the position you seek. Please include supervisors for whom you have worked:

Do we have permission to contact these persons at this time? Y N

NAME	ADDRESS	TELEPHONE	POSITION/OCCUPATION
1.			
2.			
3.			
4.			
5.			

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those which may disclose your race, color, religion, or national origin)

SIGNATURE

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of facts on this application may result in dismissal.

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.

_____ Date

_____ Signature

FOR OFFICE USE

Application Received: _____

Credentials Requested: _____

References Requested: _____

Credential Received: _____

References Received: _____

Transcript(s) Received: _____

Date of Interview: _____

By Whom: _____

Letter of Intent Sent: _____

Employed by Board: _____

Position: _____

Salary: _____

Authorized Experience: _____