

EATON COMMUNITY SCHOOLS APPLICATION FOR EMPLOYMENT Classified Staff

(Prospective employees will receive consideration without discrimination because of race, creed, color, gender, sexual orientation, age, national origin, military status or disability. Inquiries concerning the application of Title IX and its implementing regulations may be referred to the Title IX coordinator or to the OCR. The district's Title IX officer is Dr. Gregory A. McFann, 307 N. Cherry Street, Eaton, OH 45320. Phone: 937-456-1107. The Office for Civil Rights may be contacted at 400 Maryland Avenue, SW., Washington, D.C. 20202-1100. YOU ARE ALSO HEREBY NOTIFIED that according to SB 38, if you are one of the finalists considered for appointment or employment you must provide Eaton Community Schools with a set of fingerprint impressions and these will be used for a criminal records check which must be conducted and satisfactorily completed as a condition of your employment in the Eaton Community Schools.)

Last Name First Middle

Street Address Home Phone

City, State, Zip Business Phone

Application for: (checkmark appropriate box)

Transportation Supervisor		Maintenance Supervisor		Food Service Supervisor		Mechanic	
Bus Driver		Secretary		Cafeteria Manager		Maintenance	
Aide		Cafeteria		Custodian		Other	

Are you interested in: Full-time employment Substitute Temporary Summer work only

Education

	Name & Location of School	Course of Study	No. of years completed	Did you graduate?	Degree or Diploma
College					
High School					
Other					

Complete this section if you served in the U.S. Armed Forces.

Branch of Service _____ Active duty from _____ to _____

Rank at Discharge _____ Date of final discharge _____

Describe your duties and any special training _____

Are you a citizen of the United States? Yes _____ No _____

Have you ever been charged with or convicted of a crime? Yes _____ No _____

If so, state what, when, and give current status: _____

Do you currently have a finding for recovery against you? Yes _____ No _____

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

<p>Company name _____</p> <p>Address _____</p> <p>Name of Supervisor _____</p> <p>State job title and describe your work: _____</p>	<p>Telephone _____</p> <p>Employed (Month & Year)</p> <p>From _____ to _____</p> <p>Weekly pay: Start \$ _____ Last \$ _____</p> <p>Reason for Leaving: _____</p>
<p>Company name _____</p> <p>Address _____</p> <p>Name of Supervisor _____</p> <p>State job title and describe your work: _____</p>	<p>Telephone _____</p> <p>Employed (Month & Year)</p> <p>From _____ to _____</p> <p>Weekly pay: Start \$ _____ Last \$ _____</p> <p>Reason for Leaving: _____</p>
<p>Company name _____</p> <p>Address _____</p> <p>Name of Supervisor _____</p> <p>State job title and describe your work: _____</p>	<p>Telephone _____</p> <p>Employed (Month & Year)</p> <p>From _____ to _____</p> <p>Weekly pay: Start \$ _____ Last \$ _____</p> <p>Reason for Leaving: _____</p>

Please list the names and addresses of three individuals, other than relatives, whom we may contact for a PROFESSIONAL RECOMMENDATION. ACCURATELY COMPLETE ALL INFORMATION CATEGORIES.

NAME	ADDRESS	CITY	STATE	ZIP	PHONE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List home address(es) for the past six years

DATE

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

NOTICE TO APPLICANTS

1. PLEASE ATTACH A RESUME OR BRIEF STATEMENT OF YOUR QUALIFICATIONS.
2. AFTER AN INTERVIEW AND BEFORE THIS APPLICATION WILL BE PROCESSED FOR BOARD ACTION THE RESULTS OF AN OHIO BUREAU OF CRIMINAL INVESTIGATION AND IDENTIFICATION INVESTIGATION AND A FEDERAL BUREAU OF INVESTIGATION BACKGROUND INVESTIGATION MUST BE ON FILE. YOU WILL BE NOTIFIED WHEN TO OBTAIN THAT REPORT. FURTHER--
 - AIDE APPLICANTS MUST SUBMIT A CURRENT AIDE'S CERTIFICATE ISSUED BY THE STATE OF OHIO.
 - BUS DRIVER APPLICANTS MUST SUBMIT A COPY OF THEIR CURRENT COMMERCIAL DRIVERS LICENSE, PHYSICAL, ABSTRACT, HEARING TEST, DRUG TEST RESULTS, AND ALL OTHER EMPLOYMENT REQUIREMENTS.

APPLICANT'S STATEMENT

Permission is hereby granted to the Eaton Community School District, its agents and/or employees, by the undersigned, to conduct such reference, education, employment, and any other agency checks as they may collectively or individually feel are necessary to consider me for employment.

Furthermore, as a condition of employment, I understand that any false and misleading information given in my application, resume, transcript, certificate, other additional information or interview(s) may result in discharge.

I also understand that my employment is conditioned upon the completion of a criminal record check acceptable to the Board of Education of the Eaton Community School District. If the criminal record check should prove to be unacceptable to the Board of Education for any reason, I understand that my employment may be terminated at the will of the Board without any type of hearing or statement of reasons for such action.

This condition applies only during my first year of employment in the Eaton Community School District.

Signature of Applicant

Date

(OFFICE USE)

Criminal Investigation:

As applicable:

Returned to district
BCII dated _____
FBI dated _____

Driver's license _____
Physical _____
Hearing test _____
Driver abstract _____
Dr. receipt & PO _____
Drug test _____
Aide certificate _____

Date application received _____

Interviewed by (initials/date) _____

Received by _____
