



Classified APPLICATION FORM

Huron City School District
 712 Cleveland Rd. East
 Huron, Ohio 44839
 Phone: 419-433-1234
 Fax: 419-433-7095

Name _____ Date Received _____

Position Interest:	Substitute	Full Time
Bus Driver	_____	_____
Cafeteria	_____	_____
Cashier	_____	_____
Custodian	_____	_____
Handicapped Bus Attendant	_____	_____
Pre School Aide/Handicapped Aide (<i>certification is required</i>)	_____	_____
Library Tech	_____	_____
Maintenance	_____	_____
Mechanic	_____	_____
Playground Supervisor	_____	_____
Secretary	_____	_____

It is the policy of the Huron Board of Education that the best qualified applicant shall be selected for each position without regard to race, color, religion, national origin, age, sex or marital status.

The Huron city School District is an equal opportunity employer in all areas of employment and promotion.

Personal Data

Position for which you are applying _____ Date available _____

Name _____ Social Security Number _____

Last

First

Middle Initial

Permanent Address:

_____ Telephone Number _____

Number

Street

_____ Business Phone _____

City

State

Zip Code

To assist us in maintaining contact with you during the period of application, please list below the name and address of a person who will always know where to contact you:

Name _____ Number _____ Street _____

City _____ State _____ Zip Code _____ Telephone _____

Are you a citizen of the United States? Yes No

Educational Background

Type of School	Name and Address	How Many Years Attended	Graduated	Course or Major
Grammar			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Military

Years of military service _____

Dates of Service: From _____ To _____

Branch of Service _____

Do you have a reserve obligation? Yes No Explain: _____

General Information

My assignment preference is: Full Time Part Time Substitute

Do you have a valid Ohio Driver's License? Yes No Driver's License Number _____

Has your Driver's License ever been suspended? Yes No

If yes, explain: _____

Do you have a license, certificate, or other authorization to practice a trade or profession (such as a boiler Operator)?

Yes No

If yes, please list and provide a copy:

Trade or profession _____

Date license expires _____

Number on license _____

Do you type? Yes No

If yes, what is your approximate typing speed (words per minute)?

Indicate any equipment you operate (office machines, copiers, vehicles, machine tools, construction equipment, electronic devices, etc.) _____

Have you ever been discharged or requested to resign from a job? Yes No

If yes explain: _____

Employment

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

Company Name	Telephone _____
Address	Employed Month ____ Year _____
Name of Supervisor	Reason for Leaving
State Job Title and Describe Your Work	
Company Name	Telephone _____
Address	Employed Month ____ Year _____
Name of Supervisor	Reason for Leaving
State Job Title and Describe your Work	
Company Name	Telephone _____
Address	Employed Month ____ Year _____
Name of Supervisor	Reason for Leaving
State Job Title and Describe Your Work	
Company Name	Telephone _____
Address	Employed Month ____ Year _____
Name of Supervisor	Reason for Leaving
State Job Title and Describe Your Work	

References

These should be from persons best qualified and willing to give an objective appraisal of your fitness in the position you seek. Please include supervisors for whom you have worked.

Do we have your permission to contact these persons at this time? Yes No

Name	Email	Phone Number	Position or Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Legal

Have you been convicted of any felony or misdemeanor as an adult, including traffic violations? Yes No

Date of Arrest Or Citation	City Where Arrested or Cited	Name the Offense	Type of Sentence/Fine
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By submitting this application, the applicant understands that Huron City Schools may conduct a routine check with the Ohio Bureau of Criminal Identification and Investigation. The applicant hereby consents and agrees to such a check and the necessary use of this information in connection with the application and employment process. NOTE: Failure to reveal your complete record may be reason for disapproval of application or removal, if employed.

Medical

Do you have any medically diagnosed health condition which would prevent you from successfully performing the duties of the position for which you are applying? Yes No

If so, explain _____

Notification

I hereby authorize Huron City Schools to obtain from my former employers all data needed to support this application. I certify that all information on this application is true and complete to the best of my knowledge and I understand that any withholding or falsification of information on this application is grounds for dismissal.

Applicant's Signature

Date

Please answer the following question with your personal beliefs and experiences. Confine your answer to the space allotted on this application.

Describe any experience or training you have had which would give you special qualifications for service in the position you seek, or state why you feel you are qualified for this position.

