



CLASSIFIED APPLICATION FORM

Huron City School District
 712 Cleveland Rd. East
 Huron, OH 44839
 419-433-3911

Name _____

Date Received _____

| Position Interest: | Substitute | Part-Time | Full-Time |
|--|--------------------------|--------------------------|--------------------------|
| Bus Driver | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cafeteria | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cashier | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Custodian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Handicapped Bus Aide | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pre School Aide/Handicapped Aide <i>(certification is required)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Library Tech | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintenance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Playground Supervisor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secretary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Date you are available to begin work: _____

NOTE: In addition to the questions found on this application, please attach a one page description of any experience or training you have had which you believe would give you special qualifications for service in the position/s you seek, or state why you feel you are qualified for this position. Please limit your response to one page.

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 DataName _____ Social Security Number _____
Last First Middle

Permanent Address:

Number Street Telephone

City State Zip Code Business PhoneAre you a Citizen of the United States? Yes No**Educational Background**

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

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

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

Branch of Service _____ Do you have a reserve obligation? Yes NoIf so, explain: _____
 _____**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 NoIf so, explain: _____
 _____**Legal**Have you ever been convicted of any felony or misdemeanor as an adult, including moving traffic violations? Yes No (If yes, please explain. Include extra sheet if necessary)

| Date of Arrest or Citation | City Where Arrested or Cited | What was 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.

General Information

My assignment preference is: Full-time Part-time Substitute

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

Has your license ever been suspended? Yes No

If yes, please 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 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: _____

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? Yes No

| Name | Address | Phone | Position or Occupation |
|------|---------|-------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Employment History

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

| | |
|--------------------|---|
| Company Name | Telephone () — ext. |
| Address | Dates Employed (Month and Year) From To |
| Name of Supervisor | State Job Title and Describe Your Work Responsibilities |
| Reason for Leaving | |

| | |
|--------------------|---|
| Company Name | Telephone () — ext. |
| Address | Dates Employed (Month and Year) From To |
| Name of Supervisor | State Job Title and Describe Your Work Responsibilities |
| Reason for Leaving | |

| | |
|--------------------|---|
| Company Name | Telephone () — ext. |
| Address | Dates Employed (Month and Year) From To |
| Name of Supervisor | State Job Title and Describe Your Work Responsibilities |
| Reason for Leaving | |

| | |
|--------------------|---|
| Company Name | Telephone () — ext. |
| Address | Dates Employed (Month and Year) From To |
| Name of Supervisor | State Job Title and Describe Your Work Responsibilities |
| Reason for Leaving | |

| | |
|--------------------|---|
| Company Name | Telephone () — ext. |
| Address | Dates Employed (Month and Year) From To |
| Name of Supervisor | State Job Title and Describe Your Work Responsibilities |
| Reason for Leaving | |

May we contact the employers listed above? Yes No If not, indicate which one(s) you do not wish us to contact.

Notification

I hereby authorize the 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