

# MINFORD LOCAL SCHOOLS

P.O. BOX 204  
MINFORD, OHIO 45653

## APPLICATION FOR EMPLOYMENT

### POSITION STATEMENT

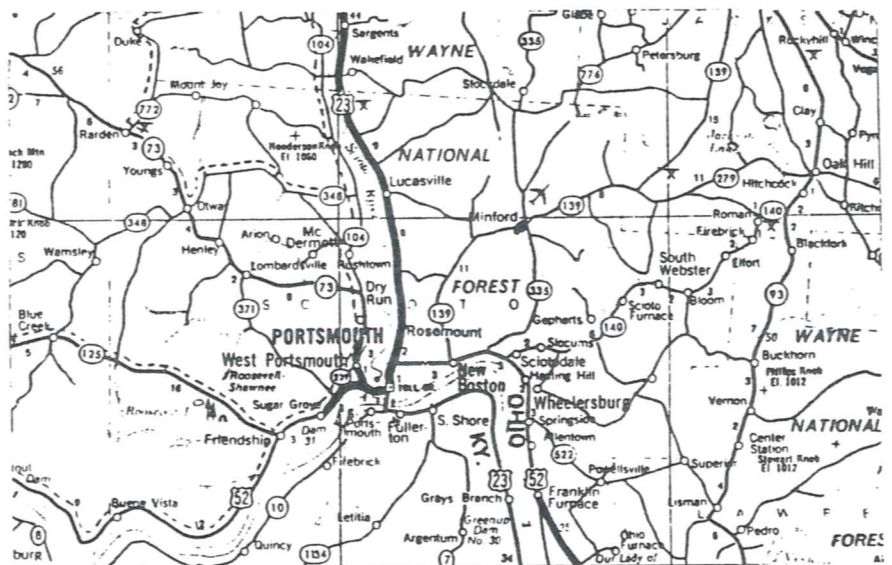
It is the policy of the Minford Local School District to employ the best qualified and the best matched applicant for the job. All qualified applicants will receive consideration without regard to sex, marital status, age, religion, color, race, national origin, handicap or ancestry.

"Employment as a substitute is not an entitlement to full-time employment."

### APPLICANT INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "All information on the application."
2. Complete all of this form that applies. (This application is designed for certified and non certified.)
3. If more space is needed to complete any question, use comments section on the back.
4. Print clearly; incomplete or illegible applications will not be processed.



### APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment and prior to reporting to work, you may be required to submit to a medical review. Depending on the district's policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the school system. All new employees are required to be finger printed and investigated by law enforcement.

## PERSONAL DATA

This application must be completed in its entirety by typing or using ink. Do not state "Refer to Resume" on any entry.

<b>Mark Appropriate Boxes:</b> <input type="checkbox"/> New application <input type="checkbox"/> Previous Application Filed (Retained one year) <input type="checkbox"/> Former Employee of School District	If not a U.S. Citizen, are you presently authorized to work in the U.S. on a full time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**NAME:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_

LAST                      FIRST                      M.I.

**CURRENT ADDRESS:** \_\_\_\_\_

STREET                      CITY                      STATE                      COUNTY                      ZIP

**PRIOR ADDRESS:** \_\_\_\_\_

STREET                      CITY                      STATE                      COUNTY                      ZIP

**PERMANENT ADDRESS:** \_\_\_\_\_

STREET                      CITY                      STATE                      COUNTY                      ZIP

Present Home Telephone Number (    )	Permanent Home Telephone Number (    )	Work/Day Telephone Number (    )
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Have you ever been employed by a Scioto County School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which District?	Date of Termination:
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Since age 18, have you been convicted of a violation of any federal, state, county or municipal law, regulation or ordinance, excluding traffic violations which involved fines of \$100 or less?  Yes  No If yes, please provide the following information:

DATE	CHARGE	CITY, STATE, WHERE CONVICTED	FINE OR DISPOSITION

**NON CERTIFIED**                      TYPE OF WORK DESIRED: Bus Driver, Cook, Secretary, Custodial, Other

First Choice:	Second Choice:	Date Available:
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Type of employment preferred:     Full-Time                       Part-Time                       Summer

**CERTIFIED** If you are applying for a teaching, administrator, or other, please list position(s) in order of preference, in the space provided and the date available: \_\_\_\_\_

## EDUCATION AND TRAINING

Please circle highest grade completed.    8   9   10   11   GED   12   13   14   15   16   16+  
 Non Certified and certified complete what applies.

NAME AND ADDRESS OF COLLEGE OR OTHER SCHOOLS	From	To	DEGREE/DATE RECEIVED	MAJOR	GRADE POINT AVG.	GRADE SCALE
	Mo/Yr	Mo/Yr				

**ACADEMIC HONORS RECEIVED:**

Please list any business or professional organizations (excluding labor unions or organizations of a religious, racial or foreign national character) to which you belong:

**JOB-RELATED SKILLS** NOTE: Do not fill out any part of this section you believe to be non-job related.

Yes  No If the job requires, do you have the appropriate valid drivers license?

CDL# \_\_\_\_\_ Type \_\_\_\_\_ State of issue \_\_\_\_\_

Please list any skills, licenses or certificates that may be job-related or that you feel would be of value to this job.

List any significant job related skills or training, e.g., typing, qualifications, any machines, computer equipment or computer/word processing software, on which you are trained and/or experienced.

**MILITARY**

NO MILITARY SERVICE

BRANCH OF SERVICE	Occupational Specialization			GRADE/RANK AT DISCHARGE	Special/Technical Training		
	Type of Specialization	Dates			Type of Training	Dates	
		From	To			From	To
		Mo./Yr.	Mo./Yr.			Mo./Yr.	Mo./Yr.

**WORK EXPERIENCE SINCE HIGH SCHOOL**  
LIST MOST RECENT EXPERIENCE FIRST (INCLUDE SUMMER WORK)

From Mo/Yr	To Mo/Yr	NAME AND LOCATION OF EMPLOYER	SUPERVISOR'S NAME	POSITION & NATURE OF WORK	REASON FOR LEAVING

**REFERENCES (EMPLOYMENT AND COLLEGE REFERENCES)**

NAME	HOME ADDRESS	OCCUPATION & EMPLOYER	PHONE NUMBER
			Business: Home:
			Business: Home:
			Business: Home:

**OTHER REFERENCES (Optional) Include only individuals familiar with your work ability. Do not include relatives.**

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP

**GENERAL INFORMATION**

Are you under contract?  Yes  No

If yes, where? \_\_\_\_\_ Present position \_\_\_\_\_

If presently employed, why do you wish to change? \_\_\_\_\_

If under contract, what type?  Annual/Probationary  Continuing/Tenure  Other (explain) \_\_\_\_\_

If under contract, can you be released if you are offered another position?  Yes  No

If not under contract now, have you ever held a continuing contract?  Yes  No

If yes, cite school district(s), date(s) and state. \_\_\_\_\_

Did you substitute for the Minford School District this or last year?  Yes  No How many days? \_\_\_\_\_

Referral Source:  Advertisement/Posting  Employee  Friend  Other (Explain) \_\_\_\_\_

Have you ever been refused tenure or a continuing contract? (If yes, comment below)  Yes  No

Have you ever been discharged or requested to resign from a position? (If yes, comment below.)  Yes  No

Have you ever had a certificate or license revoked or suspended? (If yes, comment below.)  Yes  No

Write a brief description of your philosophy of education: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

To verify your application to Minford Local Schools, you must sign the following statement:

**CERTIFICATION AND RELEASE** I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the district and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If district policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I authorize you to secure confidential reports on my performance and ability from:  Present employer  Former employers  References

SIGNATURE	DATE
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