

FREDERICKTOWN LOCAL BOARD OF EDUCATION
117 Columbus Road
Fredericktown, Ohio 43019



**NONTEACHING EMPLOYMENT
APPLICATION**

DATE ____/____/____

Send Application and
Requested Information to:

**Fredericktown Local Schools
117 Columbus Road
Fredericktown, Ohio 43019
Attention: Superintendent**

GREETINGS:

We welcome your application for employment consideration with the Fredericktown Local Schools. Applicants are considered for all positions without regard to race, color, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

The Fredericktown Board of Education is interested in finding the person with the best qualifications, attitude, and desire to fill the position successfully and productively.

Thank you for making application for employment with the Fredericktown Local School System.

Superintendent of Schools

Name _____
First Middle Last

Address _____

Telephone (____) _____

POSITION PREFERENCE

Check position(s) of interest:

CAFETERIA

Cook

CLERICAL

Secretary
Teacher Aide

JANITORIAL

Custodian
Maintenance

TRANSPORTATION

Bus Driver
Mechanic

Check preference: Full time Part time Substitute

EMPLOYMENT EXPERIENCE

Begin with your present or last position and work backwards. Please list employment history for the last five years and give an accurate summary of duties. Concentrate on major aspects of each position. Include such facts as duties and responsibilities, and major accomplishments, and include reasons for leaving.

Name and Address of Employer:	Type of Company:
_____	_____
Dates Employed: From _____ To _____	Position:
Name of Last Supervisor	Most Recent Salary:
Description of Duties: _____	
Reason for Leaving: _____	
May we contact this Employer: Yes No	Phone No: _____

Name and Address of Employer:	Type of Company:
_____	_____
Dates Employed: From _____ To _____	Position:
Name of Last Supervisor	Most Recent Salary:
Description of Duties: _____	
Reason for Leaving: _____	
May we contact this Employer: Yes No	Phone No: _____

Name and Address of Employer:	Type of Company:
_____	_____
Dates Employed: From _____ To _____	Position:
Name of Last Supervisor	Most Recent Salary:
Description of Duties: _____	
Reason for Leaving: _____	
May we contact this Employer: Yes No	Phone No: _____
<i>Additional pages may be added as necessary</i>	

Have you ever been dismissed or asked to resign from any position? Yes No
If yes, explain: _____
On what date would you be available to work? _____
What days/times are you available to work?
Times: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
_____ / _____ / _____ / _____ / _____ / _____ / _____

PERSONAL

Are you at least 18 years old? Yes No

Have you ever been employed under a different name(s)? Yes No
If yes, provide the name(s) and an explanation for the name change(s):

Are you either a U.S. citizen or authorized to work in the United States under present immigration laws?
Yes No If no, please explain:

Have you ever been convicted of any crimes excluding traffic violations? Yes No
If yes, list convictions and dates:

If you are applying for a bus driver position, have you ever been convicted of any traffic violations or denied automobile insurance due to traffic violations? Yes No

Can you perform all duties of the position(s) for which you applied with or without reasonable accommodation?
Yes No

EDUCATION

High School Information

Name: Location:

Did you graduate or earn a GED? Major Course of Study:

College/Technical Information

Name: Location:

How many years did you attend? Did you graduate? Yes No Degree earned:

Major: Minor:

Scholarships/Honors:

List all current certifications and licenses:

MILITARY

Military Information

Have you served in the Armed Forces of the United States: Yes No

If yes, branch of service: Highest Rank earned:

Military duties related to position(s) you are seeking:

Blank lines for military duties.

RELATED EXPERIENCE

Related Experiences

Please list any experience you have had working with children (church,scouts, 4-H, etc.). Include year, activity, and your responsibility:

Please list any experience you have had supervising adults. Include year, activity, and your responsibility:

Please list any other experiences that qualify you for this position:

SPECIAL SKILLS

Special Skills

Please check the skills that you have:

Typing _____ wpm

Dictating Equipment

Shorthand or Speed Writing

Computer Skills:

Works

Word

Spreadsheet

Others: _____

IBM

Mac

Data Base

Please identify any other special skills you may have that may qualify you for the position you are seeking:

MEMBERSHIPS

Membership in Civic Organizations & Hobbies

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

REFERENCES

References

List below 3 persons who are not related to you who can provide a character reference for you.

Name Address Position/Title Phone No.

Applicant's Statement

I certify that all answers given herein are true and complete to the best of my knowledge.

I understand that this employment application and any other Fredericktown Local School District documents are not contracts of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand that if I am offered employment by the Fredericktown Local School District Board of Education, I must submit my fingerprints and authorization for a criminal background investigation. I understand that if the results of the criminal background investigation reveal a prohibited criminal offense, I cannot be employed by the Board. I further understand that if I am offered employment, I will be required to take and pass a TB test as well as a drug pre-employment test.

I also acknowledge that if I am offered employment by the Fredericktown Local School District Board of Education, I must abide by all rules and regulations of the Board, including the Drug-Free Workplace Policy, as a condition of my employment. I further understand that a violation of this drug policy will subject me to discharge.

Signature

Date

Applicant's Authorization for Release of Information

I hereby authorize all former employers and listed references to provide the Fredericktown Local School District Board of Education with any and all information concerning my previous employment and any pertinent personal information they may have and hereby release all parties from any and all liability for any damage that may result from the release and collection of such information.

Signature

Date

Print Name

Social Security Number