

BEDFORD CITY SCHOOL DISTRICT
APPLICATION FOR EMPLOYMENT FOR CLASSIFIED STAFF

Applicants may request reasonable accommodation in the application/interview process.

PLEASE PRINT

Name: _____			
LAST	FIRST	MIDDLE	
Address: _____			
STREET	CITY	STATE	ZIP CODE
Daytime/Cell Phone: _____		Social Security Number: _____	
Application Date: _____		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch of Service _____	
Are you legally permitted to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL DATA

Position(s) applied for: _____ Full-Time Part-Time
A.M. P.M. Either

What date available to start? _____

Do you have any time commitments that might interfere with your employment? Yes No

If yes, please explain: _____

Have you previously applied for a job with the School District? Yes No When: _____

For what position: _____

Have you ever been employed by the School District? Yes No When: _____

Position held: _____

Reason for leaving? _____

Are you related to anyone employed by the School District? Yes No

State name and relationship: _____

Have you ever been employed by another public employer in Ohio? Yes No

If yes, provide place and dates of service: _____

Have you ever been dismissed from or asked to resign from any employment position? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation? Yes No

If yes, please explain: _____

Applicants selected for employment must obtain a review by the Ohio Bureau of Criminal Investigation. The results of the review may be grounds for disqualification of an otherwise successful candidate. (References: O.R.C. 109.57; 2953.32; 3319.301. State Board of Minimum Standards 3301-83-06(B)(10). Board policy #GBQ Criminal Record Check.)

AN EQUAL OPPORTUNITY EMPLOYER
THE BEDFORD CITY SCHOOL DISTRICT IS A TOBACCO-FREE ENVIRONMENT

If the job posting listed a driver's license or commercial driver's license as required for the job, please answer the following:

- Do you have a valid Ohio driver's license? Yes No
- Do you presently have or are you able to obtain a valid Ohio commercial driver's license? Yes No
- Has your driver's license been suspended or revoked within the last three (3) years? Yes No
- Have you had any traffic violations in the past three (3) years? Yes No

If yes, please list:

<u>OFFENSE</u>	<u>APPROXIMATE DATE/YEAR</u>
_____	_____
_____	_____
_____	_____

If employed, why do you wish to leave your present employer?

May we contact your present employer for a reference?

Yes No

Check special skills or knowledge which may qualify you for employment:

- | | |
|------------------------------|-------------------------------|
| _____ Typing | _____ Office Machines |
| _____ Shorthand/Speedwriting | _____ Nutrition/Food Services |
| _____ Bookkeeping/Accounting | _____ Carpentry |
| _____ Switchboard | _____ Electrical |
| _____ Payroll | _____ Plumbing |

Describe briefly the type of work which you are best qualified to do by reason of background, education, previous employment or training and tell why you feel qualified for the position(s) for which you are applying:

EDUCATIONAL DATA

NAME OF SCHOOL OR COLLEGE	LOCATION CITY, STATE, ZIP	CIRLCE LAST				
		YEAR OMPLETED				
ELEMENTARY SCHOOL		5	6	7	8	
HIGH SCHOOL		9	10	11	12	GPA
COLLEGE OR UNIVERSITY		1	2	3	4	GPA
TRADE SCHOOL OR OTHER (SPECIFY)						

EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order - last position first - including U.S. Military.
 Attach additional pages if needed or resume if desired.

EMPLOYER		TELEPHONE
ADDRESS		FINAL/CURRENT SALARY
DATES EMPLOYED	POSITION(S) HELD	SUPERVISOR
FROM	TO	
REASON FOR LEAVING		

EMPLOYER		TELEPHONE
ADDRESS		FINAL SALARY
DATES EMPLOYED	POSITION(S) HELD	SUPERVISOR
FROM	TO	
REASON FOR LEAVING		

EMPLOYER		TELEPHONE
ADDRESS		FINAL SALARY
DATES EMPLOYED	POSITION(S) HELD	SUPERVISOR
FROM	TO	
REASON FOR LEAVING		

PERSONAL REFERENCES OTHER THAN FORMER EMPLOYERS AND RELATIVES

NAME	LIST COMPLETE ADDRESS AND PHONE NUMBER	OCCUPATION
1.		
2.		
3.		

Applicants for employment with the School District are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without consideration of race, color, religion, sex, age, national origin, political affiliation, disability or ancestry.

CERTIFICATION

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information unless otherwise noted in this document. I also give my consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

APPLICANT'S SIGNATURE

DATE

This application can only be printed for use and cannot be returned via email. Completed applications should be returned to the Administration Center, c/o Mr. Jerry Zgrabik, Business Manager, or may be faxed to 440.439.4850. Applications are valid for ninety days.

FOR INTERNAL USE ONLY

ARRANGE INTERVIEW : YES No DATE: _____ TIME: _____

REMARKS: _____

INTERVIEWER'S SIGNATURE

DATE

EMPLOYED: YES NO STARTING DATE: _____ STARTING RATE: _____

JOB TITLE: _____

**Bedford City School District
475 Northfield Road
Bedford, OH 44146**