

ROSS LOCAL SCHOOL DISTRICT
APPLICATION FOR CLASSIFIED EMPLOYMENT

Position Applied For _____ *(Please Print)* **Full Time** _____ **Part Time** _____ **Substitute** _____
(Check type of employment sought.)

NAME: _____ **PHONE(S):** _____
(Please Print)

ADDRESS: _____
Street City State Zip Code

SOCIAL SECURITY NUMBER: _____ **PRESENTLY EMPLOYED?** Yes _____ No _____
May we contact present employer? Yes _____ No _____

EDUCATION: _____ **Highest Grade Completed** *(Circle One)*
High School Attended _____ **9 10 11 12 - Year Graduated** _____

Trade or Business School _____ **Years Attended** _____

College _____ **Years Attended** _____ **Year Graduated** _____

QUALIFICATIONS: *(Directly related to position desired)*

EXPERIENCE: *(Directly related to position desired). Please start with most recent employment.*

Company Name & Location _____ Years Employed 19____ - ____
 20____ - ____
 Job Title & Nature of Work _____
 Supervisor's Name _____ Supervisor's Phone No. _____
 Reason for Leaving _____

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Company Name & Location _____ Years Employed 19____ - ____
 20____ - ____
 Job Title & Nature of Work _____
 Supervisor's Name _____ Supervisor's Phone No. _____
 Reason for Leaving _____

* * * *

Company Name & Location _____ Years Employed 19____ - ____
 20____ - ____
 Job Title & Nature of Work _____
 Supervisor's Name _____ Supervisor's Phone No. _____
 Reason for Leaving _____

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CERTIFICATION/LICENSURE :

Ohio Certificates or Licenses Held	Date Issued	Fields Covered

SKILLS:

List here your special skills: Machines you are qualified to operate, unusual work experiences, skills learned in hobbies, other skills or abilities:

Can you type? _____ Words per minute? _____ Computer Use? _____ Computer programs you are familiar with? _____

Office machines you can operate? _____

What type of work do you most enjoy doing? _____

What is your ultimate ambition for job, trade, business, or profession? _____

In what social and recreational activities do you participate? _____

NAMES OF RELATIVES OR FRIENDS EMPLOYED BY ROSS LOCAL SCHOOL DISTRICT

Name	Relationship

PLEASE READ CAREFULLY:

1. The foregoing is a true and complete statement of facts to the best of my knowledge and belief. I understand that an untrue answer or failure to give a complete answer is cause for dismissal.
2. I am willing to take a physical examination that includes testing of urine for illegal drugs.
3. I give my permission for Ross Local School District to get in touch with former employers or any other references given by me to fully invest any of the information I have provided the District.
4. In consideration of my employment, I agree to conform to the rules and regulations of the District, and I understand that non-conformance could result in termination.

Signed _____

Date _____