

**DANBURY LOCAL SCHOOL DISTRICT**

**CLASSIFIED APPLICATION**

9451 E. Harbor Road ▪ Marblehead, OH 43440

Tel: 419-798-5185 ▪ Fax: 419-798-2260

[www.danbury.k12.oh.us](http://www.danbury.k12.oh.us)

*It is the policy of this District that no candidate for a position in this District shall be discriminated against on the basis of race, color, religion, sex, military status, national origin, non-disqualifying disability, age, ancestry, or any other protected categories.*

<b>Position Interest:</b>	<b>Full-Time</b>	<b>Part-Time</b>	<b>Substitute</b>
Bus/Van Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Para Pro/Attendant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Custodial/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_  
Last First Middle

Home Telephone: \_\_\_\_\_ Cell \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

How Long At Present Address \_\_\_\_\_ How Long At Previous Address \_\_\_\_\_ Have you applied before? **Y N** When \_\_\_\_\_

Will you work overtime if asked? **Y N** When will you be available to begin work: \_\_\_\_\_

Do you have a valid Ohio Driver's License? **Y N** License Number \_\_\_\_\_

Has your license ever been suspended? **Y N** If yes, please explain: \_\_\_\_\_

Do you have a license, certificate, or other authorization to practice a trade or profession (such as boiler operator, paraprofessional, CDL, etc)? **Y N** If yes, please list and provide a copy:

Trade or profession \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have keyboarding/computer skills? **Y N**

Indicate any equipment you operate (Office machines, computer programs, copiers, vehicles, machine tools, electronic devices, etc):

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged or requested to resign from a job? **Y N** If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LEGAL**

*All prospective employees will be subject to a BCI/FBI background check at their own expense. Employment shall be temporary pending an acceptable background report.*

*Appropriate certification/licensure is necessary for employment.*

*In accordance with Federal law, any person employed by this District must provide evidence that he/she is eligible to work in the United States.*

Are you legally eligible for employment in the United States?   **Y**   **N**

Have you ever been bonded?   **Y**   **N**      If yes, with what employers? \_\_\_\_\_

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court?   **Y**   **N**

If yes, describe in full: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

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

Type of School	Name and Location of School	Years Attended	Graduated?	Course or Major
High School			<b>Yes</b> <b>No</b>	
College			<b>Yes</b> <b>No</b>	
Post Graduate			<b>Yes</b> <b>No</b>	
Business or Trade			<b>Yes</b> <b>No</b>	
Other			<b>Yes</b> <b>No</b>	

**MILITARY EXPERIENCE**

Years of Military Service (#) \_\_\_\_\_      Dates of Service: From \_\_\_\_\_ To: \_\_\_\_\_

Branch of Service \_\_\_\_\_      Do you have a reserve obligation?   **Y**   **N**

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

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

Company Name:	Telephone Number:
Address:	Employed (state month and year): From:                      To:
Name of Supervisor:	Weekly Pay: Start:                      Last:
Job Title and Description of your work:	Reason for Leaving:

Company Name:	Telephone Number:
Address:	Employed (state month and year): From:                      To:
Name of Supervisor:	Weekly Pay: Start:                      Last:
Job Title and Description of your work:	Reason for Leaving:

Company Name:	Telephone Number:
Address:	Employed (state month and year): From:                      To:
Name of Supervisor:	Weekly Pay: Start:                      Last:
Job Title and Description of your work:	Reason for Leaving:

Company Name:	Telephone Number:
Address:	Employed (state month and year): From:                      To:
Name of Supervisor:	Weekly Pay: Start:                      Last:
Job Title and Description of your work:	Reason for Leaving:

*We may contact the employers listed above unless you indicate those you do not want us to contact.*

Do not contact: \_\_\_\_\_

Reason: \_\_\_\_\_

**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? **Y N**

<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>	<b>POSITION/OCCUPATION</b>
1.			
2.			
3.			
4.			
5.			

**MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS**

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

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**SIGNATURE**

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of facts on this application may result in dismissal.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature**

**FOR OFFICE USE**

Application Received: \_\_\_\_\_

Credentials Requested: \_\_\_\_\_

References Requested: \_\_\_\_\_

Credential Received: \_\_\_\_\_

References Received: \_\_\_\_\_

Transcript(s) Received: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

By Whom: \_\_\_\_\_

Letter of Intent Sent: \_\_\_\_\_

Employed by Board: \_\_\_\_\_

Position: \_\_\_\_\_

Salary: \_\_\_\_\_

Authorized Experience: \_\_\_\_\_