

TRI-VALLEY LOCAL SCHOOLS

36 EAST MUSKINGUM AVENUE, DRESDEN, OHIO 43821

PHONE: 740-754-1442

FAX: 740-754-6400



CLASSIFIED APPLICATION FOR EMPLOYMENT

FOR OFFICE USE ONLY

Date application received _____

Date of interview _____

APPLYING FOR: Part-Time Full-Time

Today's Date _____

School Bus Driver

Mechanic

Custodian

Maintenance

Kitchen

Teacher Aide

Secretary

Would consider substituting in the following buildings

Adamsville

Dresden

Frazeytsburg

Nashport

TVMS

TVHS

Available to begin work: _____

PERSONAL INFORMATION:

First Name _____ M.I. _____ Last Name _____

Street Address _____ P.O. Box _____

City, State, Zip _____

S.S. # _____

Preferred Contact: (home phone) _____ (cell phone) _____ texting ___Y___N

email (optional) _____

How did you learn of our organization/position? _____

EDUCATION:

High School Attended (name & address, city, state) _____

Number of years completed _____ Did you graduate? _____ Year _____

College/Tech School Attended (name & address, city, state) _____

Number of years completed _____ Did you graduate? _____ Year _____ Degree _____

ADDITIONAL INFORMATION:

Are you over 18 years of age? () Yes () No (If not, employment is subject to verification of minimum legal age)

Are you a U.S. Citizen? () Yes () No

Have you received Workmen's Compensation or Disability Income payments? () Yes () No If yes, describe _____

TO BE COMPLETED BY SCHOOL BUS DRIVER APPLICANTS ONLY

Current Driver's License Number

Operator's _____ State _____ Other _____

CDL () Yes () No If yes, give endorsements and class _____

Have you had any type of vehicle accident in the last three years? () Yes () No If yes, give details and dates _____

Have you been arrested for a moving traffic violation in the last three years? () Yes () No If yes, give details and dates _____

Has your driver's license ever been suspended or revoked? () Yes () No

Do you use intoxicants? () Yes () No If so to what degree? _____

Do you use drugs? () Yes () No If so, to what degree? _____

Are you presently under treatment for a health problem, either physical or mental? () Yes () No If yes, please explain _____

EMPLOYMENT HISTORY: (start with present or most recent employer)

Company Name _____ Telephone _____

Address _____

Name and title of contact person _____

Date of employment From _____ To _____

Describe your work and title _____

Reason for leaving _____

Company Name _____ Telephone _____

Address _____

Name and title of contact person _____

Date of employment From _____ To _____

Describe your work and title _____

Reason for leaving _____

Company Name _____ Telephone _____

Address _____

Name and title of contact person _____

Date of employment From _____ To _____

Describe your work and title _____

Reason for leaving _____

If you do not want us to contact employers listed above, please list name and reason.

DO NOT CONTACT _____

Reason _____

I acknowledge that as a precondition to employment, I must in accordance with Ohio Law provide a set of fingerprints and pass a criminal records check.

I acknowledge that all information contained in this application is true and accurate to the best of my knowledge. I further acknowledge that should the employer discover that I have falsified any such information, I will not be considered for employment, or if already hired, will be subject to termination from employment on those grounds.

I acknowledge that as an applicant, Tri-Valley Local Schools will obtain pertinent confidential statements from previous employers and references listed by me, unless otherwise noted above, and that all information obtained will remain confidential.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. All applications are kept on file for a period of two years.

Signature _____ Date _____

FOR EMPLOYER'S USE ONLY

REFERENCE CHECK

Employer _____

Person Contacted _____

Results _____

Date _____

Employer _____

Person Contacted _____

Results _____

Date _____

Employer _____

Person Contacted _____

Results _____

Date _____