

"AN EQUAL OPPORTUNITY EMPLOYER"



Claymont City Schools

Ph: 740-922-5478 * Fax: 740-922-7325

CLASSIFIED EMPLOYMENT APPLICATION

Email: brentsch@claymontschools.org

Return to:
Superintendent
Claymont City Schools
201 N. Third Street
Dennison, OH 44621

RC 3319.393 "Any person who knowingly makes a false statement is guilty of falsification under section 2921.13 of the revised code, which is a misdemeanor of the first degree."

FULL TIME: _____
SUBSTITUTE: _____

Date: _____

Applicant Name: _____

Address: _____

Phone: _____

Email: _____

POSITION APPLYING FOR

Educational Aide _____ Bus Driver _____ Secretary _____

Cook _____ Bus Aide _____ Custodian _____

PERSONAL DATA

Military Service: YES ___ NO ___ No. of Yrs: _____

Date Of Birth: _____

EDUCATION

SCHOOL ATTENDED	LOCATION	DATES	MAJOR	MINOR	DEGREE
High School	Name _____ City _____ State _____	Year Graduated _____			
College	Name _____ City _____ State _____	Attended _____ thru _____			Degree _____

WORK EXPERIENCE

List work experience: (list most recent experience first)

NAME OF EMPLOYER: _____ PHONE: _____
 ADDRESS: _____ Supervisor: _____
 Job Title: _____ Duties: _____
 From: _____ To: _____ Reason For Leaving: _____

NAME OF EMPLOYER: _____ PHONE: _____
 ADDRESS: _____ Supervisor: _____
 Job Title: _____ Duties: _____
 From: _____ To: _____ Reason For Leaving: _____

NAME OF EMPLOYER: _____ PHONE: _____
 ADDRESS: _____ Supervisor: _____
 Job Title: _____ Duties: _____
 From: _____ To: _____ Reason For Leaving: _____

REFERENCES

List at least 3 professional references. (DO NOT include relatives)

NAME: _____ PHONE: _____
ADDRESS: _____
No. of Years Known: _____

NAME: _____ PHONE: _____
ADDRESS: _____
No. of Years Known: _____

NAME: _____ PHONE: _____
ADDRESS: _____
No. of Years Known: _____

I hereby affirm that the information on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I authorize a thorough investigation of my past employment activities. I agree to cooperate in such investigation, and release from all liability or responsibility all persons, school districts and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event I am hired. I understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by the law.

Applicant Signature: _____ Date: _____