

ONTARIO LOCAL BOARD OF EDUCATION

457 Shelby-Ontario Road
Ontario, Ohio 44906
419-747-4311
www.ontarioschools.org

CLASSIFIED APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, sex, color, age, national origin or handicap.

PLEASE TYPE OR PRINT

DATE OF APPLICATION _____

PERSONAL INFORMATION

Last Name	First Name	Middle Initial
Current Address: (Street, City, State, Zip Code)		Telephone Number:
Previous (Temporary) Address: (Street, City, State, Zip Code)		Cell Phone Number:

EDUCATION

NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE? YES _____ NO _____
NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE? YES _____ NO _____
NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE? YES _____ NO _____

MILITARY SERVICE

Branch of Service _____	Period of Active Duty from ___ / ___ to ___ / ___
Rank _____	Are you currently a member of the National Guard or Reserves? YES ___ NO ___

POSITION FOR CONSIDERATION

Please indicate with a check mark each position for which you are requesting consideration for full time employment and the positions that you would like to be considered for substitute employment.

	Bus Driver (must have a CDL)	Maintenance/ Mechanic	Cook	Custodian	*Latchkey	*Playground Aide	Secretary	Secretary Aide
Full Time								
Substitute								

*If you are substituting for Latchkey and/or Playground Aide, you must obtain a Student Monitor Permit.

If you would like to substitute as a special education classroom aide, please contact Renhill Group at 419-254-2814.

EMPLOYMENT HISTORY

List in chronological order with last employer first

From: ____/____ To: ____/____	Name of employer	Supervisor's Name	Reason for leaving	Position / Salary
From: ____/____ To: ____/____	Name of employer	Supervisor's Name	Reason for leaving	Position / Salary
From: ____/____ To: ____/____	Name of employer	Supervisor's Name	Reason for leaving	Position / Salary
From: ____/____ To: ____/____	Name of employer	Supervisor's Name	Reason for leaving	Position / Salary

Have you ever been employed by a school district? YES ___ NO ___

Are you retired from PERS, STRS, or SERS? YES ___ NO ___

PERSONAL REFERENCES

List people not related to you and who have known you for at least one year

Name	Phone Number	Qualification as a Reference	Years Known
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List any accommodations required for you to perform the essential job functions for the position which you are applying:

What is your main interest in applying for this position?

What attributes or qualities do you possess that would contribute most to Ontario Schools?

- YOUR APPLICATION WILL BE ACTIVE FOR ONE YEAR FROM THE DATE OF RECEIPT. TO MAINTAIN ACTIVE STATUS AFTER ONE YEAR, YOU WILL NEED TO SUBMIT AN UPDATED RESUME AND A LETTER REQUESTING THAT ONTARIO SCHOOLS RE-ACTIVATE YOUR APPLICATION.
- IF YOU HAVE ANY OTHER INFORMATION THAT YOU WOULD LIKE ADDED TO YOUR APPLICATION FOR OUR CONSIDERATION, PLEASE ATTACH IT TO THE APPLICATION.
- ALL APPLICATIONS FOR EMPLOYMENT ARE SUBJECT TO A CRIMINAL RECORDS CHECK THROUGH THE BUREAU OF CRIMINAL IDENTIFICATION AND INVESTIGATION PURSUANT TO THE AUTHORITY OF SECTION 3319.32 AND SECTION 109.57. REVISED CODE.
- **BUS DRIVERS ONLY:** I HAVE HAD MY CDL LICENSE SUSPENDED, REVOKED, OR WITHDRAWN. NO ___ YES ___
- DUE TO THE LENGTH OF TIME REQUIRED FOR COMPLETION OF THE RECORDS CHECK, IT MAY OCCASIONALLY BE NECESSARY TO EMPLOY A PERSON PRIOR TO THE BOARD OF EDUCATION HAVING RECEIVED THE RESULTS OF THE CRIMINAL RECORDS INVESTIGATION. IN THESE CASES, THE BOARD OF EDUCATION SHALL RELY ON THE APPLICANT INFORMATION PROVIDED IN THE EMPLOYMENT APPLICATION. HOWEVER, BY SIGNING THIS DOCUMENT, I SPECIFICALLY AGREE THAT IF I AM EMPLOYED BY THE BOARD OF EDUCATION PRIOR TO ITS RECEIPT OF A RESPONSE FROM B.C.I., MY EMPLOYMENT SHALL BE CONTINGENT UPON SUBSEQUENT RECEIPT BY THE BOARD OF EDUCATION OF A REPORT FROM B.C.I. WHICH IS CONSISTENT WITH MY ANSWER TO THE ABOVE QUESTION. IN THE EVENT I HAVE BEEN EMPLOYED PRIOR TO THE BOARD OF EDUCATION HAVING RECEIVED A REPORT FROM B.C.I., AND A SUBSEQUENT REPORT FROM B.C.I. IS RECEIVED WHICH IS NOT CONSISTENT WITH MY ANSWER TO THE ABOVE QUESTION, I SPECIFICALLY AGREE THAT THE ACTION OF THE BOARD OF EDUCATION EMPLOYING ME SHALL BE VOID WITHOUT FURTHER ACT BY EITHER PARTY, AND THAT MY EMPLOYMENT WILL TERMINATE IMMEDIATELY WITHOUT THE NECESSITY OF PROCEEDINGS TO FORMALLY TERMINATE MY CONTRACT OF EMPLOYMENT.

DATE _____

SIGNED: _____

- THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE. I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION REQUESTED MAY RESULT IN MY IMMEDIATE TERMINATION.

DATE _____

SIGNED: _____