MINFORD LOCAL SCHOOLS
P.O. BOX 204
MINFORD, OHIO 45653

APPLICATION FOR EMPLOYMENT

POSITION STATEMENT

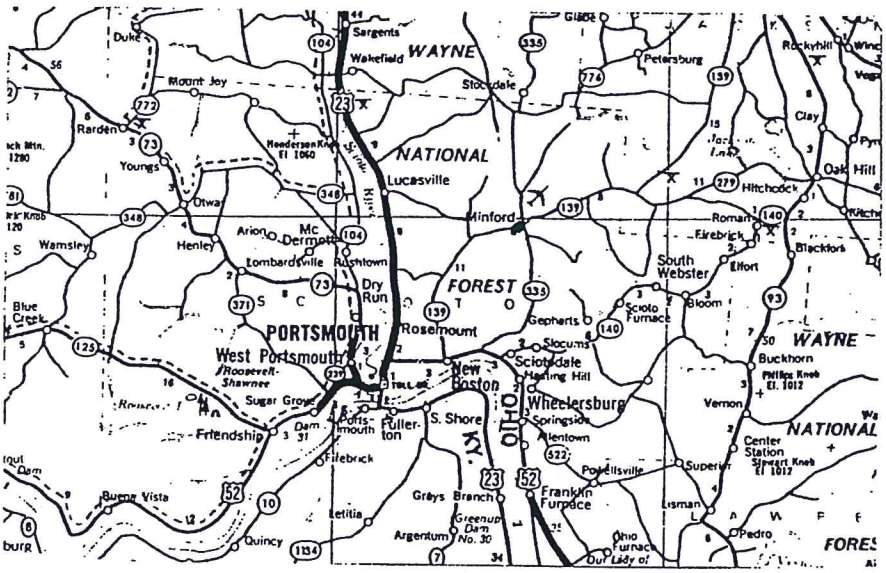
It is the policy of the Minford Local School District to employ the best qualified and the best matched applicant for the job. All qualified applicants will receive consideration without regard to sex, marital status, age, religion, color, race, national origin, handicap or ancestry.

Employment as a substitute is not an entitlement to full-time employment.

APPLICANT INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "All information on the application."
2. Complete all of this form that applies. (This application is designed for certified and non certified.
3. If more space is needed to complete any question, use comments section on the back.
4. Print clearly; incomplete or illegible applications will not be processed.



APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment and prior to reporting to work, you may be required to submit to a medical review. Depending on the district's policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the school system. All new employees are required to be finger printed and investigated by law enforcement.

PERSONAL DATA

This application must be completed in its entirety by typing or using ink. Do not state "Refer to Resume" on any entry.

Mark Appropriate Boxes: ☐ New application ☐ Previous Application Filed (Retained one year) ☐ Former Employee of School District	If not a U.S. Citizen, are you presently authorized to work in the U.S. on a full time basis? ☐ Yes ☐ No	Are you at least 18 years of age? ☐ Yes ☐ No

NAME:_____ SOCIAL SECURITY NUMBER:_____ TODAY'S DATE:_____

LAST FIRST M.I.

CURRENT ADDRESS:_____

STREET CITY STATE COUNTY ZIP

PRIOR ADDRESS:_____

STREET CITY STATE COUNTY ZIP

PERMANENT ADDRESS:_____

STREET CITY STATE COUNTY ZIP

Present Home Telephone Number ( )	Permanent Home Telephone Number ( )	Work/Day Telephone Number ( )

Have you ever been employed by a Scioto County School District? ☐ Yes ☐ No	If yes, which District?	Date of Termination:

NON CERTIFIED TYPE OF WORK DESIRED: Bus Driver, Cook, Secretary, Custodial, Other

First Choice:	Second Choice:	Date Available:

Type of employment preferred: ☐ Full-Time ☐ Part-Time ☐ Summer

CERTIFIED If you are applying for a teaching, administrator, or other, please list position(s) in order of preference,in the space provided and the date available: _____

EDUCATION AND TRAINING

After printing:

Please circle highest grade completed. 8 9 10 11 GED 12 13 14 15 16 16+

Non Certified and certified complete what applies.

NAME AND ADDRESS OF COLLEGE OR OTHER SCHOOLS	From Mo/Yr	To Mo/Yr	DEGREE/DATE RECEIVED	MAJOR	GRADE POINT AVG.	GRADE SCALE

ACADEMIC HONORS RECEIVED:

Please list any business or professional organizations (excluding labor unions or organizations of a religious, racial or foreign national character) to which you belong:

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

☐ Yes ☐ No If the job requires, do you have the appropriate valid drivers license?

CDL#_____Type_____ State of issue_____

Please list any skills, licenses or certificates that may be job-related or that you feel would be of value to this job.

List any significant job related skills or training, e.g., typing, qualifications, any machines, computer equipment or computer/word processing software, on which you are trained and/or experienced.

MILITARY

NO MILITARY SERVICE ☐

BRANCH OF SERVICE	Occupational Specialization			GRADE/RANK AT DISCHARGE	Special/Technical Training		
	Type of Specialization	Dates			Type of Training	Dates	
		From	To			From	To
		Mo./Yr.	Mo./Yr.			Mo./Yr.	Mo./Yr.

WORK EXPERIENCE SINCE HIGH SCHOOL

LIST MOST RECENT EXPERIENCE FIRST (INCLUDE SUMMER WORK)

From Mo/Yr	To Mo/Yr	NAME AND LOCATION OF EMPLOYER	SUPERVISOR'S NAME	POSITION & NATURE OF WORK	REASON FOR LEAVING

REFERENCES (EMPLOYMENT AND COLLEGE REFERENCES)

NAME	HOME ADDRESS	OCCUPATION & EMPLOYER	PHONE NUMBER
			Business:
			Home:
			Business:
			Home:
			Business:
			Home:

OTHER REFERENCES (Optional) Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP

GENERAL INFORMATION Are you under contract? ☐ Yes ☐ No

If yes, where? _____ Present position _____

If presently employed, why do you wish to change? _____

If under contract, what type? ☐ Annual/Probationary ☐ Continuing/Tenure ☐ Other (explain) _____

If under contract, can you be released if you are offered another position? ☐ Yes ☐ No

If not under contract now, have you ever held a continuing contract? ☐ Yes ☐ No

If yes, cite school district(s), date(s) and state. _____

Did you substitute for the Minford School District this or last year? ☐ Yes ☐ No How many days? _____

Referral Source: ☐ Advertisement/Posting ☐ Employee ☐ Friend ☐ Other (Explain) _____

Have you ever been refused tenure or a continuing contract? (If yes, comment below) ☐ Yes ☐ No

Have you ever been discharged or requested to resign from a position? (If yes, comment below.) ☐ Yes ☐ No

Have you ever had a certificate or license revoked or suspended? (If yes, comment below.) ☐ Yes ☐ No

Write a brief description of your philosophy of education: _____

_____

_____

COMMENTS: _____

_____

To verify your application to Minford Local Schools, you must sign the following statement:

CERTIFICATION AND RELEASE I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the district and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If district policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I authorize you to secure confidential reports on my performance and ability from: ☐ Present employer ☐ Former employers ☐ References

SIGNATURE	DATE

Print Form Clear Form