



BLANCHESTER LOCAL SCHOOLS

957 Cherry Street

Blanchester, Ohio 45107

An Equal Opportunity Employer

For employment opportunities, please check:

www.blanschools.org

CLASSIFIED APPLICATION FOR EMPLOYMENT Date: _____

PERSONAL INFORMATION

First Name	Middle Name	Last Name	Telephone Number
Present Address: Street, City, State, Zip Code			Cell Number
E-mail Address:			

Have you ever applied for employment with us? Yes No (*Please Note: If you are currently receiving Disability Retirement Benefits through SERS you may be jeopardizing your benefits by submitting your application for employment.)

If Yes: Month and Year: _____ Location: _____

Position Desired:

(Please circle) Bus Driver Cafeteria Custodial Aide: Bus/Educational/Library Secretarial

Other: _____ Substitute? Yes No Are you a U.S. Citizen? Yes No

When will you be available to begin work? _____

Public schools are prohibited from employing: (1) any individuals who have been previously convicted of or pleaded guilty to any of the offenses listed in O.R.C. § 3319.39 and (2) any individuals in a pupil transportation position who have previously been convicted of or pleaded guilty to any of the offenses listed in O.R.C. § 3319.39 and O.A.C. § 3301-83-23.

EDUCATION

NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
College				
High School				
Elementary				
Other				

MILITARY

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service
Describe your duties and any special training	Period of Active Duty (Mo/Yr.)
	Rank at Discharge
	Date of Final Discharge

EMPLOYMENT

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

1	Company Name	Telephone Number
	Address	Employment Dates (Mo/Yr.) From: To:
	Name of Supervisor	Weekly Pay (Beginning/Ending) Beginning: Ending:
	Job Title and Work Description	Reason for Leaving

2	Company Name	Telephone Number
	Address	Employment Dates (Mo/Yr.) From: To:
	Name of Supervisor	Weekly Pay (Beginning/Ending) Beginning: Ending:
	Job Title and Work Description	Reason for Leaving
3	Company Name	Telephone Number
	Address	Employment Dates (Mo/Yr.) From: To:
	Name of Supervisor	Weekly Pay (Beginning/Ending) Beginning: Ending:
	Job Title and Work Description	Reason for Leaving

CERTIFICATION / LICENSURE INFORMATION:

Certified/Licensed Subject Areas:

Please include a copy of the certificate(s)/license(s) with this application.

STATE OF ISSUANCE _____ **EXPIRATION DATE** _____

****A personal resume may be attached to this application form with any other information you feel may further your application. Your application will remain active for one year from receipt.**

REFERENCES

Name	Address	Phone	Official Position
1.			

Name	Address	Phone	Official Position
2.			
Name	Address	Phone	Official Position
3.			

READ CAREFULLY BEFORE SIGNING!

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

The Civil Rights Act of 1964 prohibits discrimination in employment based on race, color, religion, sex, or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based on ancestry, marital status or physical or mental handicap or disability.

Date: _____

Signature: _____

The information provided on this application is accurate. I understand that falsification of any information requested may result in my immediate termination.

Date: _____

Signature: _____

FOR EMPLOYER USE ONLY	