

Elida Local Schools

APPLICATION FOR NON-TEACHING POSITION



*Inspired by Tradition,
Educating for Tomorrow*

Return Application To:
Elida Local Schools
4380 Sunnydale
Elida, OH 45807

Date: _____

Name: _____

Last Name

First Name

Middle Name

Address: _____

Telephone Phone: Home: _____ Cell: _____ Work: _____

Position(s) for which you are applying: (Check)

Departments	Full-Time	Part-Time	Substitute
Bus Driver			
Mechanic			
Custodial			
Maintenance			
Food Service			
Secretarial			
Teacher Aide			
Other			

EDUCATION:

School and Location	How many years attended?	Semester Hours	Type of Degree	Major	Minor

TRAINING:

Describe the technical training you have had that pertains to the position(s) for which you are applying.

School or Institute & Location	Dates Attended	Type of Training/Description of Experience

Previous Work Experience

Start with present or most recent employer.

Employer:	Telephone:
Address:	Employed (Month and Year) From: _____ To: _____
Name of Supervisor:	Reason For Leaving:
State Job Title and Describe Your Work	

Employer:	Telephone:
Address:	Employed (Month and Year) From: _____ To: _____
Name of Supervisor:	Reason For Leaving:
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Employer:	Telephone:
Address:	Employed (Month and Year) From: _____ To: _____
Name of Supervisor:	Reason For Leaving:
State Job Title and Describe Your Work	

REFERENCES: Please list three (3) people (non-relatives), who can attest to your character and to your ability on the job:

Please list Name, Address, Phone Number, Position

1. _____
2. _____
3. _____

Have you ever attended work or school under another name? Yes No Name: _____

Have you ever served in the United States military? Yes No Years of Service: _____

If currently employed, why do you want to leave your present position: _____

Can you perform the job related requirements for which you are applying: Yes No

STATEMENT:

Please write a brief summary, in your own handwriting, addressing why you are interested in working for the Elida Local School District, and state any additional information that will assist in arriving at a true assessment of your qualifications.

I acknowledge being informed that, as a precondition to employment in the position for which I am applying, I must, in accordance with Ohio law, provide a set of fingerprints and satisfactorily pass a criminal records check if I come under final consideration for employment.

Signature _____ Date _____

THIS APPLICATION IS NOT COMPLETE WITHOUT SIGNATURES BELOW.

I certify that the responses given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misrepresented information given in my application or interview(s) may result in discharge from employment. I also understand that I am required to abide by all policies, rules and regulations of the Board of Education and administration.

Signature of Applicant _____ Date _____

CERTIFICATION OF APPLICANT: I hereby authorize the Elida Local School District Administrators to obtain from my former employers all data needed to support this application. I hereby authorize the Elida Local School Administrators to obtain from the references listed above any information needed to support this application.

Signature of Applicant: _____ Date: _____

AN EQUAL OPPORTUNITY EMPLOYER

The Elida Local School District will not discriminate with regard to race, color, religion, national origin, sex, age or disability.