

**APPLICATION FOR EMPLOYMENT FOR CLASSIFIED POSITIONS  
CELINA CITY SCHOOLS  
585 E. LIVINGSTON STREET  
CELINA OH 45822**

**Application Date** \_\_\_\_\_

**Procedures:**

1. Please complete this application and return to: **Personnel Office, Celina City Schools Board of Education, 585 E. Livingston Street, Celina OH 45822-1784.**
2. After review of the completed application and other requested materials, interviews will be arranged with selected candidates for vacant positions.
3. If you need assistance in completing this application, please contact the receptionist @ 419-586-8300 Ext 1000.

**Demographic Information:**

_____		
Last Name	First	Middle
_____		
Street Address		
_____		
City	State	Zip
_____		
Home Phone	Work Phone	Date of Birth (Optional)
_____		
Social Security Number		
_____		
College attended _____	Degree _____	
Technical School attended _____	Degree _____	
High School attended _____	Diploma _____	
Did you serve in the military? _____ Which Branch? _____		
Do you have an honorable discharge? _____		

**For what position are you applying?** Please check below:

Aide _____ Cafeteria _____ Secretary _____ Custodian _____ Maintenance _____
Bus Driver _____ Do you have a CDL? _____ What Kind? _____
List skills that qualify you for this position: _____
_____
_____
Can you and are you willing to start employment as a substitute? _____
When will you be available to begin work? _____

**References:**

NAME	ADDRESS	PHONE NO.

**Employment:** (Start with present or most recent employer.)

DATES	EMPLOYER	ADDRESS	PHONE NO.	POSITION

It is understood and agreed that Celina City Schools Board of Education may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCI) for a background check and I hereby consent to such inquiries.

I understand that if I am employed prior to the receipt of the BCI report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contacts with former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education rules and regulations regarding applicant/employee criminal records and disclosure of criminal convictions listed in category **OTHER**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I promise that the information contained in this application and in my resumé is true and complete, and I understand if it is not, I may be eliminated from consideration for this job. If, after being hired, falsehoods or omissions are discovered in my application or resumé, I understand that my employment may be terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have the legal right to work in the United States and will submit the appropriate documentation upon the time of hire.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Celina City School District provides equal employment opportunities to all people without regard to race, color, age, creed, national origin, sex, religion, or handicapping condition.**

**ADDITIONAL INFORMATION FOR BUS DRIVER APPLICANTS ONLY**

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PRESENT EMPLOYER** \_\_\_\_\_

**IF NOT PRESENTLY EMPLOYED, NAME OF LAST EMPLOYER** \_\_\_\_\_

**NUMBER OF YEARS DRIVING EXPERIENCE: BUS** \_\_\_\_ **TRUCK** \_\_\_\_ **CAR** \_\_\_\_

**CDL LICENSE NO.** \_\_\_\_\_ **DRIVER'S LICENSE NO.** \_\_\_\_\_

Have you ever:

1. Had your license revoked: Yes \_\_\_\_\_ No \_\_\_\_\_

2. Convicted of any criminal offense: Yes \_\_\_\_\_ No \_\_\_\_\_

If so, specify \_\_\_\_\_

3. Convicted of D.W.I.? Date: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you have a Red Cross First Aide Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Have you completed a driver training course? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Will you be willing to attend a bus driver training course as required for licensing? Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES:** List the names of two persons who are not related to you by blood or marriage who will give a character reference:

	<u><b>NAME</b></u>	<u><b>ADDRESS</b></u>	<u><b>PHONE NO.</b></u>
1.	_____	_____	_____
2.	_____	_____	_____

**PLEASE NOTE:**

- 1) Per Policy EEACD of Celina City Schools Policy Handbook, any and all candidates will be required to undergo a criminal record check and drug test.
- 2) Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.
- 3) Applicants will not be accepted if the applicant has more than 2 points on their driving records in the last two (2) years, or is under 21 years of age.
- 4) The available medical insurance excludes pre-existing conditions.

I have read and understand the noted information above and have completed the application with true and correct information.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE