

**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. Applications are kept on file for 2 years.
2. Job openings will be filled by the bid process. If you are interested in a position that is open, you must submit an application/letter of interest during the posted time (job posted for 5 working days).
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	<input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male
Social Security Number	Date of Birth	
_____	_____	
College attended		Degree
_____		_____
Technical School attended		Degree
_____		_____
High School attended		Diploma
_____		_____

**For what position are you applying?** Please check as many as you are interested in:

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

**Membership in other Ohio systems**

For all of the following, check "yes" or "no" if you ever were a member of or received benefits from:

	<u>Member</u>	<u>Benefit</u>
School Employees Retirement System of Ohio	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor
State Teachers Retirement System of Ohio	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor
Ohio Public Employees Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor
Ohio Police & Fire Pension Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor
Ohio State Highway Patrol Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor
Cincinnati Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor

It is understood and agreed that Celina City Schools Board of Education may contact former employer(s) for verification of my employment history.

I understand that if I am employed prior to the receipt of the BCI/FBI background reports 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I promise that the information contained in this application and in my resume´ 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 resume´, 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 \_\_\_\_\_

**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.**