



WEST  
GEAUGA  
SCHOOLS  
E X C E L L E N C E  
Through Tradition & Innovation

**Please Note:** Your employment application will remain active for the calendar year in which it is submitted. You must submit a new application after January 1<sup>st</sup> of each year to be considered for positions during that full calendar year. Please make sure all sections of the application are signed and dated in the appropriate areas or it will be considered incomplete.

## CLASSIFIED EMPLOYMENT APPLICATION

**Please print or type.**

**Date:** \_\_\_\_\_

Check the box next to the position that you are applying for:

<input type="checkbox"/> Clerk Librarian	<input type="checkbox"/> Classroom Aide	<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Custodian
<input type="checkbox"/> Clerical Health Aide	<input type="checkbox"/> Proctor	<input type="checkbox"/> Van Driver	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Secretarial	<input type="checkbox"/> Food Service	<input type="checkbox"/> Van Aide	<input type="checkbox"/> Mechanic
<input type="checkbox"/> Confidential Administrative Assistant:			

(Please write the position/department)

**Are you interested in substituting in any of the above positions?**

Yes       No

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
First                      Middle                      Last

**ADDRESS:** \_\_\_\_\_  
Number                                              Street  
 \_\_\_\_\_  
City                                                      State                                              Zip

**LAST 4 DIGITS OF SOCIAL SECURITY #:** \_\_\_\_\_ **BUS DRIVER CDL#:** \_\_\_\_\_  
(Bus Driver Applicants Only)

**Are you a U.S. Citizen?**     Yes     No    **If no, explain:** \_\_\_\_\_

**Have you resided exclusively in Ohio for the last five years?**     Yes     No

**Are you presently under contract with any school district for the next school year?**     Yes     No

**PLEASE NOTE:** A reference check will be conducted which includes fingerprinting and a criminal background check.

EDUCATION					
HIGH SCHOOL:		LOCATION:		HIGHEST GRADE COMPLETED:	
COLLEGE:		LOCATION:		HIGHEST LEVEL COMPLETED:	
DEGREE RECEIVED:					
SPECIAL QUALIFICATIONS/TRAINING:					

EMPLOYMENT HISTORY					
Please list your most recent employment experience first. <b>Be certain to list all of your jobs.</b> Use a separate sheet of paper if necessary. Indicate any skills, experiences or training (military, on-the-job, or other) you have received which will assist the School District in considering your credentials.					
NAME OF EMPLOYER:				POSITION HELD:	
ADDRESS:				PHONE #:	
IMMEDIATE SUPERVISOR:					
FROM:		TO:		REASON FOR LEAVING:	
NAME OF EMPLOYER:				POSITION HELD:	
ADDRESS:				PHONE #:	
IMMEDIATE SUPERVISOR:					
FROM:		TO:		REASON FOR LEAVING:	
NAME OF EMPLOYER:				POSITION HELD:	
ADDRESS:				PHONE #:	
IMMEDIATE SUPERVISOR:					
FROM:		TO:		REASON FOR LEAVING:	
NAME OF EMPLOYER:				POSITION HELD:	
ADDRESS:				PHONE #:	
IMMEDIATE SUPERVISOR:					
FROM:		TO:		REASON FOR LEAVING:	

U.S. MILITARY SERVICE	
DATES OF SERVICE: _____	BRANCH: _____
RANK: _____	HONORABLE DISCHARGE: YES _____ NO _____

## PROFESSIONAL REFERENCES

Please include a reference for each of your jobs. If you held more than one position in the same school system, list a reference for each position. If you have not worked in education, list references from other jobs.

NAME OF REFERENCE:		POSITION/TITLE:	
SCHOOL/COMPANY NAME:		PHONE #	
COMPLETE ADDRESS:			
NAME OF REFERENCE:		POSITION/TITLE:	
SCHOOL/COMPANY NAME:		PHONE #	
COMPLETE ADDRESS:			
NAME OF REFERENCE:		POSITION/TITLE:	
SCHOOL/COMPANY NAME:		PHONE #	
COMPLETE ADDRESS:			
NAME OF REFERENCE:		POSITION/TITLE:	
SCHOOL/COMPANY NAME:		PHONE #	
COMPLETE ADDRESS:			

Have you ever been employed by this school district before?       Yes       No

If yes, when and in what position(s)? \_\_\_\_\_  
 \_\_\_\_\_

Why do you want to leave your present position, or why did you leave your last position?

\_\_\_\_\_  
 \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign by another employer?       Yes       No

If yes, please provide the name of the employer, the last date worked, and the reason for the termination or request for resignation. \_\_\_\_\_  
 \_\_\_\_\_

***Please note that criminal convictions are not always an automatic bar to employment, however, the School District complies fully with the guidelines set forth in the Ohio Revised Code in defining those crimes that bar employment. We fully comply with HB56 effective 03/23/2016.***

**CONTINUE** ➡

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**APPLICANT'S STATEMENT**

I hereby certify that all of the information I have provided as part of my application for employment is true, accurate, and complete. I understand that any falsification, misrepresentation or willful omission of facts shall be sufficient cause for the disqualification of this application or the termination of my employment. Furthermore, I understand that this application and the related records become the property of the School District, which reserves the right to accept or reject my application. I further agree to observe all rules, regulations, and policies of the School District now in force and effect, or as they may change during my employment if I am employed by the School District.

I hereby authorize a thorough investigation of my past employment and activities. I agree to cooperate in such an investigation, and release from all liability or responsibility all persons, agencies, educational organizations and corporations requesting or supplying such information. Such inquiries may relate to my work history, personal references, eligibility to work in the United States, police record, motor vehicle record and anything else which is likely to determine my acceptability for employment. I also agree to participate in an Ohio Bureau of Criminal Identification and Investigation (BCI) fingerprint criminal history check and in a Federal Bureau of Investigation (FBI) fingerprint criminal history check and understand that my employment may be terminated based on any revealed criminal history. I understand that any offer of employment is contingent upon successful completion of a pre-employment physical which may include drug and alcohol testing. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event I am hired.

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Signature of Applicant

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Date

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Please Print Name

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