

Application for Employment Classified Staff

Return To:
Hillsboro City School District
39 Willettsville Pike
Hillsboro, OH 45133
PH: (937) 393-3475
Fax: (937) 393-5841

(Date of Application)

(Date Available)

I am interested in:

Full time Substitute

AN EQUAL OPPORTUNITY EMPLOYER

NAME: _____ **SSN** _____
Last First Middle

Other name(s) under which transcripts, certificates and former applications may be listed:

Last First Middle

PRESENT ADDRESS:

Number and Street City and State Zip Code

Telephone Number Cell Number E-mail

Other addresses at which you may be contacted: (if applicable)

Number and Street City and State Zip Code

EMPLOYMENT DESIRED

Check all preferences

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Aide/Attendant | <input type="checkbox"/> Custodial | <input type="checkbox"/> Bus Driver |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Mechanic | <input type="checkbox"/> Interpreter |

*** For an Aide position you will need a Para-Professional License or an Associates Degree or higher**

EDUCATION

Circle the years of schooling you have had

Less than 8 8 12 14 16 other: _____

Name of High School: _____

Special Training: _____

Computer Skills: _____

EDUCATION (Cont'd)

Transcripts of all completed college or university coursework should accompany this application. An official transcript (with university/college seal) will be required upon employment. Indicate any special training you have had.

Name Of University	Date	Program/Degree	Major	Semester Hrs. Earned	Quarter Hrs. Earned

OTHER INFORMATION

Have you ever worked for a school? Yes No

If so, Where? _____ When? _____

Are you presently under contract to any Board of Education? yes no Expiration Date: _____

If yes, Indicate Employer: _____ Type of Contract: _____

Have you attained tenure/continuing contract in any district? Yes No

If yes, indicate the school district, state, and the date you were awarded a tenure or continuing contract.

Are you or have ever been a member of the School Employees Retirement System? Yes No

Are you legally eligible to work in the United States? Yes No

Are you legally eligible to work in the United States? Yes No

Proof of U.S. citizenship or eligibility for U.S. employment will be required prior to employment. (Immigration Reform and Control Act of 1986)

MILITARY SERVICE RECORD

Have you served in the armed forces of the United States? Yes No Branch: _____

Dates served (Active Duty):

From _____ To: _____ Rank when separated from active service _____

OTHER WORK EXPERIENCE

Name of Employer	Complete Address: Street Number, City, State, Zip	Beginning Mo/Da/Yr.	Ending Mo/Day/Yr.	Kind of Work

PROFESSIONAL REFERENCES

List names of references (not related to you) capable of judging your work competence or potential.
Please include supervisor with whom you have worked.

Full Name of Reference	Position/Responsibility	Complete Address: Street, City, State, Zip	Telephone

CANDIDATE'S STATEMENT

In the space provided and in your own handwriting, please provide a brief summary of why you are interested in working for Hillsboro City Schools.

DISCLOSURE'S STATEMENT

I certify that all statements made by me in this application are true, complete and correct to the best of my knowledge. I also certify that I have not been convicted of any felony. I am aware that any false statements will be sufficient cause for dismissal from any position I may hold for the Hillsboro City School District.

I understand that the Board of Education may want to verify the statements I have made in this application. I hereby give my permission for the Hillsboro City School District or its authorized representatives, either at this time or at any whether listed among my references or not, for the purpose of determining my qualifications and fitness for the position. I further give my permission for the district to request and review any of my medical records, employment records, court records, and police records from any local, state, or federal agency keeping such records.

I agree to complete the required tuberculosis screening and the criminal background check and provide the results to the district. I understand that if the report from the Ohio Bureau of Criminal Identification and Investigation is not received prior to my hiring, my contract of employment is conditioned upon those results being satisfactory to the Board of Education.

I understand that the completion of this document is required for further consideration of my application.

Applicant's Signature

Date

APPLICATION PROCESS

Include:

- Completed application with signature.
- Copies of certificates/licenses.
- Resume if desired.
- Copy of BCI & I report and TB screening if reported within the last 12 months.
- Transcripts.
- Candidate's statement.

Submit to:

Diane Michael
Hillsboro City Schools
39 Willettsville Pike
Hillsboro, Ohio 45133

Applications are kept on file for one year.

Thank you for applying to our school district.

Watch for postings on our website at: <http://www.hcs-k12.org>

Hillsboro City Schools is an Equal Opportunity Employer