

# 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:**

\_\_\_\_\_ 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**

Aide/Attendant

Custodial

Bus Driver

Secretary

Maintenance

Accounting

Cook

Mechanic

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	Degree	Major	Semester Hours Earned	Quarter Hours 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

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.

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Applicant's Signature

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Date

### APPLICATION PROCESS

Include:

- Completed application with signature.
- Copies of certificates/licenses.
- Resume if desired.
- Copy of BCI and FBI (once hired).
- Transcripts.
- Candidate's statement.

Submit to:

Diane Michael                      dmichael@hcs-k12.org  
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: [www.hcs-k12.org](http://www.hcs-k12.org)***

***Hillsboro City Schools is an Equal Opportunity Employer***