MOUNT GILEAD EXEMPTED VILLAGE SCHOOLS

145 North Cherry Street

Mt. Gilead, Ohio 43338

419-946-1646 Fax: 419-946-3651

Check Appropriate Position(s):

\_\_\_\_\_\_\_ Secretary \_\_\_\_\_\_\_ Cook and/or Cashier \_\_\_\_\_\_\_ Maintenance/Mechanic

\_\_\_\_\_\_\_ Substitute Secretary \_\_\_\_\_\_\_ Substitute Cafeteria \_\_\_\_\_\_\_ Bus Driver

\_\_\_\_\_\_\_ Chiefs Club/SACC \_\_\_\_\_\_\_ Custodial \_\_\_\_\_\_\_ Substitute Bus Driver

\_\_\_\_\_\_\_ Substitute Aide \_\_\_\_\_\_\_ Substitute Custodian

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required only if applying for Bus or Substitute Driver:

Ohio CDL License \_\_\_ Yes \_\_\_ No Class \_\_\_ A \_\_\_B Endorsements \_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATIONAL EXPERIENCE**

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_ High School Diploma \_\_\_\_\_\_G.E.D. \_\_\_\_\_ Associate Degree \_\_\_\_\_ College Degree | | |
| School | Address | Degree/Diploma |
|  |  |  |
|  |  |  |
|  |  |  |

**PERSONAL REFERENCES (Not Relatives)**

|  |  |  |
| --- | --- | --- |
| Name | Address | Phone Number |
|  |  |  |
|  |  |  |
|  |  |  |

In case of emergency, notify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Address) (Phone)

**WORK EXPERIENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer  (Name & Address) | Dates  From-To | Supervisor  Phone Number | Position | Reason for  Leaving |
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If dismissed from any job, give circumstances (please attach additional information if necessary:

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

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Skills/Special Qualifications (computer experience, machine/equipment operating/training, etc.) Current Resume Preferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**LEGAL QUESTIONS:**

Have you ever had a contract terminated or non-renewed by a Board of Education? \_\_Yes \_\_No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Have you ever been convicted of a crime? \_\_\_Yes \_\_\_No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| I hereby authorize the Mount Gilead Schools to obtain from my former employer all data needed to support this application. I certify that all information on this application is true and complete to the best of my knowledge and I understand that any withholding and falsification of information on this application is grounds for dismissal. I understand that, according to Ohio law, I am required to complete an FBI/BCI electronic fingerprint record and that a criminal record check will be required to be conducted and satisfactorily completed if I come under final consideration for employment.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Applicant’s Signature Date** |

|  |
| --- |
| **READ CAREFULLY BEFORE SIGNING**  I agree that any claim or lawsuit relating to my service with Mount Gilead Exempted Village Schools must be filed not more than six (6) months after the date of my employment action that is subject of the claim or lawsuit. I waive my statute of limitations to the contrary.  This application will be considered active for twelve (12) months from the date filed. If you are hired, it becomes a part of your official employment record.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Applicant’s Signature Date** |

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Equal Opportunity: In accordance with Title VI, Title IX and Section 504 of the Rehabilitation Act of 1973, the Mount Gilead Exempted Village School District Board of Education has a policy prohibiting discrimination against any person on the basis of sex, race, religion, disability, age or national origin.

Office of Civil Rights, *Cleveland Office*

U.S. Department of Education

Bank One Center, Suite 750

600 Superior Avenue East

Cleveland, Ohio 44114-2611

(216) 522-4970 TDD: 522-4944