



Napoleon Area City Schools
701 Briarheath Avenue, Napoleon, OH 43545
Phone: 419-599-7015 | Fax: 419-599-7035

APPLICATION FOR EMPLOYMENT (Classified)

Please fill out all the sections of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted.

Applicant Information	
APPLICANT NAME (FIRST, MI, LAST)	
MAILING ADDRESS	
CITY, STATE AND ZIP CODE	
TELEPHONE NUMBER	EMAIL ADDRESS

Employment Position				
POSITION(S) APPLYING FOR:				
I AM INTERESTED IN:	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> SUBSTITUTE	(CHECK ALL THAT APPLY)
HOW DID YOU HEAR ABOUT THIS POSITION?				
WHAT DAYS ARE YOU AVAILABLE FOR WORK?				
WHAT HOURS OR SHIFT(S) ARE YOU AVAILABLE FOR WORK?				
DATE YOU CAN START WORKING IF YOU ARE HIRED?				
WHEN CAN YOU APPEAR FOR AN INTERVIEW?				
MILITARY SERVICE? YES OR NO (CIRCLE)			IF YES, LIST YEARS OF MILITARY SERVICE:	

Personal Information	
HAVE YOU EVER APPLIED OR WORKED FOR NAPOLEON AREA CITY SCHOOLS? YES OR NO	
IF YES, WHEN? _____	
ARE YOU PRESENTLY ELIGIBLE UNDER APPLICABLE U.S. IMMIGRATION LAWS TO WORK FOR THE SCHOOL DISTRICT? YES OR NO	
ARE YOU CURRENTLY PAYING INTO OR HAVE YOU EVER PAID INTO: SERS, STRS, OPES, PERS? YES OR NO (CIRCLE)	
IF YES, PLEASE CIRCLE WHICH ONE (ABOVE)	

Education and Training	
High School Name:	
High School Location (City, State):	
Degree/Diploma Earned:	
College//University Name:	
College//University Location (City, State):	
Degree/Diploma Earned:	
Vocational School/Specialized Training Name:	
Vocational School Location (City, State):	
Degree/Diploma Earned:	

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position(s) for which you are applying or attach your resume:

Previous Employment

Employer Name:	Job Title:	
Employer Address:	Supervisor Name:	
City, State, Zip Code:	Employer Phone:	
Dates Employed:	From (Month/Year):	To (Month/Year):
Reason for leaving:		

Employer Name:	Job Title:	
Employer Address:	Supervisor Name:	
City, State, Zip Code:	Employer Phone:	
Dates Employed:	From (Month/Year):	To (Month/Year):
Reason for leaving:		

References

PLEASE PROVIDE THREE REFERENCES BELOW (ONE PERSONAL, TWO PROFESSIONAL REFERENCES):

NAME	TITLE	COMPANY	PHONE NUMBER

HAVE YOU EVER BEEN NON-RENEWED OR RESIGNED WHILE UNDER DISCIPLINARY INVESTIGATION, THREAT OF A DISCHARGE, OR NON-RENEWAL? YES OR NO

IF YES; PLEASE LIST THE EMPLOYER, DATE OF THE DISCHARGE, NON-RENEWAL OR RESIGNATION AND THE REASON.

EMPLOYER NAME: _____ DATE: _____ REASON: _____

Applicant Acknowledgement & Signature

In signing this application, I verify that all information provided on this application is true, accurate and complete. It is understood that this application becomes the property of the Napoleon Area City School District Board of Education. References and personal information which become part of this record are to be regarded as confidential and shall not be revealed to me.

By signing, I further understand that employment within the Napoleon Area City Schools will require a criminal background check complying with ORC 3319.31. Any person knowingly making a false statement is guilty of falsification, which is a first degree misdemeanor.

Signature _____ Date _____

Napoleon Area City Schools is an Equal Opportunity Employer. No person shall on the basis of sex, race, color, religion, military status, disability, age, ancestry, genetic information, or national origin be excluded from participation in, denied the benefits of or be subjected to discrimination in employment, or recruitment, consideration, or selection. Information requested is used only to determine the applicant's ability to meet job criteria and perform satisfactorily. (Note: Napoleon Area City Schools complies with the ADA and confers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential job functions).