

# *Applying for Employment with the Lowellville School District*

**FOR OFFICE USE**

**52 Rocket Place  
Lowellville, Ohio 44436  
Phone: (330) 536-6318  
Fax: (330) 536-8221**

Date received \_\_\_\_\_

Date interviewed \_\_\_\_\_

Date entered \_\_\_\_\_

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Our office maintains a file of applicants for a two-year period. Please notify us with any changes of address or phone number. Thank you for your interest in the Lowellville School District.

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## ***CLASSIFIED/SUPPLEMENTAL EMPLOYMENT APPLICATION***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Address

City

State

Zip

Email Address

Position(s) applying for:

- |  |   |
|--|---|
| <input type="checkbox"/> Bus Driver            | <input type="checkbox"/> Coach          |
| <input type="checkbox"/> Custodial/Maintenance | <input type="checkbox"/> Food Service   |
| <input type="checkbox"/> Secretarial/Clerical  | <input type="checkbox"/> Teacher's Aide |

How did you find out about this vacancy? \_\_\_\_\_

### **EDUCATION**

<b>Schools Attended</b>	<b>Location</b>	<b>Degree Received</b>

Educational Awards and Achievements: \_\_\_\_\_

(OVER)

**EMPLOYMENT**

Prior Employers	Dates of Employment	Job Title	Compensation	Reason for Leaving

**MILITARY**

Dates of Service	Branch of Service	Location(s)	Assignment(s)

**REFERENCES (Two work related; one personal)**

Name	Position	Phone Number

Please complete this application and return it with a resume. Other documents such as transcripts and letters of recommendation may be submitted in support of this application. Your file will be maintained for a two-year period. The Governing Board of the Lowellville School District is an equal opportunity employer and does not discriminate with regard to its employment policies, personnel practices or educational programs. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, age, sex, ancestry, national origin or non-job related handicap or disability.

I understand the provisions of the Family rights and Privacy Act. My signature below authorizes the Lowellville School District to conduct a background investigation and authorizes release of information in connection with my application for employment. I acknowledge being informed that as a precondition of employment in the position for which I am applying, I must, in accordance with Ohio law, provide a satisfactorily passed criminal record check if I come under final consideration for employment. I further understand that should I be offered employment, the employment is contingent upon a satisfactory criminal record check as required by law. Employment shall be only a conditional basis until a satisfactory criminal record report has been received. I represent that all information furnished in conjunction with this application is true and accurate to the best of my knowledge. I further recognize that should the employer discover that I made false statements or material omissions and/or have an unsatisfactory criminal record report, I will not be hired, or if already hired, I will be subject to termination from employment.

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 Signature of Applicant

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 Date