

# SPRINGFIELD LOCAL SCHOOLS

11335 Youngstown-Pittsburgh Road, PO Box 549

New Middletown, Ohio 44442

(330) 542-2929

## Application for Classified Personnel

(Please Type or Print)

### Personal

Last Name	First Name	Middle Name	
Street Address	City	State	Zip
Best Phone Number	Email		

### Position

Cafeteria       Custodial       Bus Driver  
 Secretary       Aide/Paraprofessional

Will you accept substitute work?

### Education

High School	College or Technical School
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Describe any specialized training, apprenticeship, skills, and extra-curricular activities.	
State any additional information you feel may be helpful to us in considering your application	

## EXPERIENCE (Present or most recent first)

Dates: To/From	Name/Address of Employer	Responsibilities	Full or Part Time

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

## REFERENCES

Name	Position	Address	Phone

## **SPRINGFIELD LOCAL SCHOOLS AUTHORIZATION FOR RELEASE OF INFORMATION**

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 Springfield Local Schools or its authorized representative, either at this time or any time prior to or during my employment with the Board, to make any investigation of my personal or employment history and authorize any former employer, educational institution, person, firm, corporations, or government agency to give the Board of Education any information they may have regarding me. I understand that a reference check will be conducted which shall include a criminal records check consistent with provision of O.R.C. 109.57. In consideration of Springfield Local School's review of this application, I release the Springfield Local Schools and all providers of information from any liability as a result of furnishing and receiving this information.

Further, the undersigned authorizes all persons listed as "references" on this application to provide evaluation of my abilities and potential for a position for which I am a candidate. I acknowledge that said information is subject to public records law of the State of Ohio. This application and all other pre-employment documents become the property of the Springfield Local Board of Education.

The undersigned certifies that all statements on this application are true and complete, and any false or incomplete statements may result in disqualification, or dismissal if employed.

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**Date**

**Signature**

Mail or email application to:

**Springfield Local Schools**  
PO Box 549  
New Middletown, Ohio 44442

[Rasmith@springfieldlocal.us](mailto:Rasmith@springfieldlocal.us)