

## **Morgan Local School District**

## **CLASSIFIED EMPLOYEE APPLICATION**

POSITION DESIRED (Check all that apply)								
BUS DRIVER			COOK	CUS	TODIAN			
MECHANIC	_		AIDE	SEC	RETARY			
I am interested in (Check all that apply): Full-time Part-time Substitute								
PERSONAL DATA								
Name	Home Phone							
Street Address			(	ell Phone				
City, State, Zip	Email							
Wi	A criminal background check will be required of all job applicants prior to employment in accordance with sections 3319.39, 3319.391, and/or 3327.10 of the Ohio Revised Code. Applicants may be disqualified based upon the results of such background check.							
EDUCATIONAL HISTORY								
High School(s) Atte	ended:							
		Diploma?	Yes	No				
Vocational School(s) Attended:								
		Degree?	Yes	No	If so, what area(s)			
Technical College(s	s) Attended:							
		Degree?	Yes	No	If so, what area(s)			
College or Universi	ty Attended:							
		Degree?	Yes	No	If so, what area(s)			

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.

EMPLOYMENT HISTORY								
Previous Employers	Phone <u>Number</u>	Employment <u>Dates</u>	Type of <u>Work</u>	Reason for Leaving				
REFERENCES								
Please list three should be a prev	individuals not related to you whale	no can attest to your work habit	s, effectiveness, and abili	ty. One				
<u>Name</u>	Occupation/Title	Phone Number	Relationsh	<u>nip</u>				
Are there any schools in our district at which you would <u>not</u> want to be considered for a job? Yes No								
	*If yes, please list the schools							
Are there any da	ays you would be unable to subs	titute? Yes No	_					
	*If yes, please indicate the days	s						
BUS DRIVER APPLICANTS								
NOTICE:	Candidates for bus/van driving pre-employment drug test prior Section 3327.10 of the Ohio Re Driver License Number:	to employment in accordance	with the requirements of	_				
SECRETAR	IAL & AIDE APPLICANTS	S						
	skills or licenses you have that you have the had you have the had you have the had you have the had you have that you have have have have have have have have			<b>j</b> .				
Check the box if you	have one or both of the following:	☐ Parapro Certificate ☐ (	College- 48 Semester or 7	72 quarter hrs.				
			•••••					
I authorize Morgan Local School District, and its representatives, to investigate all references and secure additional job related information about me. I certify that the answers I have given to each and all of the questions on this application are complete and true to the best of my knowledge.								
Signature	gnature Date							

**NOTICE:** Morgan Local School District does not discriminate on the basis of race, color, national origin, sex or disability in selection or evaluation of personnel.