

Bluffton-Harrison M.S.D.

805 East Harrison Street
Bluffton, Indiana 46714
Office: (260) 824-2620
Fax: (260) 824-6011



Classified Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Date Available: _____

Position(s) Applied for: **Substitute Teacher**

Athletic Coach

Bus Driver

Custodian

Food Service

Instructional Aide

Library Aide

Maintenance

Nurse

Technology

Secretary/Treasurer

If applying for Athletic Coach, please specify coaching position: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for BHMSD? YES NO If yes, what position
 and when?

Have you ever been charged or convicted of a felony? YES NO If yes, explain:

Do you have any physical limitations, which might prevent you from performing work assigned? YES NO If yes, explain:

NOTE: You will be required to provide a criminal history check as a condition of employment

Previous Employment

Employer: _____ Phone: ()

Address: _____ Supervisor: _____

Job Title: _____ Reason for Leaving: _____

Responsibilities: _____

From: _____ To: _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone: ()

Address: _____ Supervisor: _____

Job Title: _____ Reason for Leaving: _____

Responsibilities: _____

From: _____ To: _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone: ()

Address: _____ Supervisor: _____

Job Title: _____ Reason for Leaving: _____

Responsibilities: _____

From: _____ To: _____

May we contact your previous supervisor for a reference? YES NO

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Additional Job Skills

What specific skills or experiences do you have which would qualify you for this position:

Describe your decision making process:

Additional Information

Indicate highest grade completed: 9 or less 10 11 12 College

Provide any additional information regarding your education, training, coaching or related experience, talents, expertise, or personal traits, which you would like to offer for consideration for employment.

References

Please list three professional and/or personal references.

Full Name: _____ Relationship: _____
Email: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Email: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Email: _____ Phone: () _____
Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview maybe grounds for rejection or dismissal.

Signature: _____ Date: _____

Return to: Bluffton-Harrison M.S.D., 805 East Harrison St, Bluffton, IN 46714

As stated in Title IX, Bluffton-Harrison M.S.D. does not discriminate on the basis of religion, race, color, national origin, sex, disability, age, marital status, genetic information, or any other legally protected characteristic, in its programs and activities, including employment opportunities.