



BELLEFONTAINE CITY SCHOOLS

820 Ludlow Road
Bellefontaine, Ohio 43311
Phone: 937-593-9060
Fax: 937-599-1346

CLASSIFIED APPLICATION

Equal Access to a Quality Education

Date of Application: _____

Please check all areas for which you are applying: Full Time Part Time Substitute

Please check all areas for which you are applying:

Bus Driver Cook Custodian Teacher Aide Maintenance Secretary

Name: _____ Home Phone: _____
Last First Middle

Present Address: _____ Cell Phone: _____

_____ Email: _____

Permanent Address: _____

List relatives or close friends working in the school district: _____

Do you hold a State CDL bus driver's license? Yes No Expiration Date: _____

Have you been previously employed by us? Yes No Dates: _____

Position: _____

Are there any special skills that particularly qualify you for employment with us? _____

Have you served in the Armed Forces? Yes No Branch: _____

Type of Work: _____

(Over)

Education:

High School: _____ Years completed: _____ Year Graduated: _____

Technical/Vocational: _____ Years completed: _____ Year Graduated: _____

College/University: _____ Years completed: _____ Year Graduated: _____

Undergraduate Degree: _____ Major: _____ Minor: _____

Work Experience:

List the positions you have held, beginning with the most recent.

Position	Employer	Current Mailing Address	Dates of Employment

Personal References (List correct names, phone number, and complete addresses.):

1. _____
2. _____
3. _____

The information listed above is true and complete to the best of my knowledge. I understand that if I am employed, false statement listed by me on this application shall be sufficient cause for dismissal. You are hereby authorized make a background investigation of my work record, personal history, and credit records.

Signature: _____ Date: _____

AN EQUAL OPPORTUNITY EMPLOYER

The Bellefontaine City School District provides opportunities for employment, retention, and advancement for all people, regardless of race, color, creed, national origin, political affiliation, age, sex, or handicapping condition.

Note: If Submit button does not work. please save a copy(Lastname & Firstname) and email it to employment@bcs-k12.org

Revised 03/21/2016
Rev B