# EASTWOOD LOCAL SCHOOL DISTRICT

## APPLICATION FOR CLASSIFIED EMPLOYMENT

**Full Time:** ☐ **Part Time:** ☐ **Substitute:** ☐

Position(s) applied for: _____

Last Name First Middle

Street Address

Home phone _____
Work phone _____
Cell phone _____

City State Zip Code

Are you presently under contract with another employer? Yes ☐ No ☐

Date contract expires:_____

Date available for employment:_____

Current base salary (*Not including fringe benefits)*:

Base salary expectations *(Not including fringe benefits)*

Do you hold a valid Ohio Drivers License? Yes ____ No ____

License Number[1]:_____

Expiration Date:_____

[1]*If applying for transportation position*

**MILITARY EXPERIENCE**

| Branch of Service | From | To |
|---|---|---|
| Present Military Affiliation<br>☐ None ☐ Reserve (active) ☐ Reserve (inactive) | | |

**EDUCATIONAL HISTORY**

| **School Name** | **Location (city, state)** | **Major course or subject** | **Graduated Yes** | **No** | **Degree** |
|---|---|---|---|---|---|
| High School | | | ☐ | ☐ | |
| College (list all attended) | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |

**EMPLOYMENT HISTORY:**

**Starting with present or most recent, list all previous employers. If more space is required, please continue on a separate sheet. You may attach a resume, but please complete application as well.**

| Years | Employer | Position Title | Reason for Leaving |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Does the Board of Education or its agents have your permission to contact your current employer?
☐ YES ☐ NO

**OTHER WORK EXPERIENCES AND ACHIEVEMENTS VALUABLE TO YOUR CAREER:**

**OUTSIDE ACTIVITIES:**

**PROFESSIONAL/WORK REFERENCES:**

**Please list below the names and addresses of five (5) persons who can speak of your professional competency and character.**

| | |
|---|---|
| Name | Type of Acquaintance |
| Street Address, City, State, ZIP Code | Phone<br>Home Mobile |
| Name | Type of Acquaintance |
| Street Address, City, State, ZIP Code | Phone<br>Home Mobile |
| Name | Type of Acquaintance |
| Street Address, City, State, ZIP Code | Phone<br>Home Mobile |
| Name | Type of Acquaintance |
| Street Address, City, State, ZIP Code | Phone<br>Home Mobile |
| Name | Type of Acquaintance |
| Street Address, City, State, ZIP Code | Phone<br>Home Mobile |

**WHY ARE YOU INTERESTED IN THIS POSITION?**

**PLEASE NOTE:**

- **Candidates are subject to a criminal/background check, including fingerprinting.**
- **Candidates for bus driving positions are also subject to a review of their driving abstract, as well as a pre-employment drug test.**

**READ CAREFULLY BEFORE SIGNING:**

**I certify that the information in this application is true and accurate to the best of my knowledge and belief.**

**I hereby authorize the Board of Education or its agents to conduct such investigations and to obtain such records (including criminal records) as the Board deems necessary. I understand that giving false or misleading information, either orally or in writing, may result in denial or termination of my employment. Permission is granted to contact any school or reference I have listed.**

_____

**Signature of Applicant**

_____

**Date**

**If any of your educational or employment records are under any other name(s) other than the above name, please provide the other name(s) below:**

**A COMPLETE APPLICATION CONSISTS OF THE FOLLOWING:**

1. **Receipt of completed and signed application form.**
2. **Receipt of up-to-date resume if requested**
3. **You may submit any information or material you feel is relevant to your qualifications for this position.**

**Information for Applicant:**

**Applicants will be screened on the basis of their application and references. Personal interviews are scheduled with selected applicants.**

**The Eastwood Local School System is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, disability, age (40 or older), or genetic information (including family medical history).**

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