NorthmontCity School District
1150 W. National Rd. (937) 832-5000
Englewood, OH 45315 (937) 832-5031 Fax

CLASSIFIED APPLICATION

PERSONAL INFORMATION

NAME

First Name Last Name

ADDRESS

Street Name

City State Zip Code

PHONE

EMAIL

POSTITION(S) DESIRED

Position(s) applied for: (Please check as many as apply)

- ☐ Bus Driver
- ☐ Bus Assistant
- ☐ Bus Mechanic
- ☐ Clinic Nurse
- ☐ Custodian
- ☐ Educational Aide
- ☐ Food Service
- ☐ Grounds
- ☐ Maintenance
- ☐ Multi Media Specialist
- ☐ Paraprofessional
- ☐ Coach
- ☐ Secretary/Asst. Secretary
- ☐ Summer Employment
- ☐ Student Employment

Are you interested in: (Please check as many as apply)

☐ Full-Time ☐ Part-Time ☐ Substitute (as needed)

Have you filed an application with our schools before? ☐ Yes ☐ No

If yes, give date: and position applied for

EDUCATIONAL BACKGROUND

HIGH SCHOOL Name & Location Graduation Year

POST SECONDARY *Include all institutions attended.*

COLLEGE, UNIVERSITY, BUSINESS OR TRADE SCHOOL	LOCATION CITY & STATE	DATES ATTENDED	DIPLOMA OR DEGREE

WORK EXPERIENCE

NAME AND ADDRESS OF EMPLOYMENT	FROM MO/YR	TO MO/YR	IMMEDIATE SUPERVISOR	TYPE OF JOB

REFERENCES

PROFESSIONAL REFERENCE

First and Last Name

ADDRESS

PHONE

HOW LONG HAS THIS PERSON KNOWN YOU?

DATES FROM: **DATES TO:**

Month/Year Month/Year

HOW DOES THIS PERSON KNOW YOU?

PROFESSIONAL REFERENCE

First and Last Name

ADDRESS

PHONE

HOW LONG HAS THIS PERSON KNOWN YOU?

DATES FROM: **DATES TO:**

Month/Year Month/Year

HOW DOES THIS PERSON KNOW YOU?

PERSONAL REFERENCE

First and Last Name

ADDRESS

PHONE

HOW LONG HAS THIS PERSON KNOWN YOU?

DATES FROM: **DATES TO:**

Month/Year Month/Year

HOW DOES THIS PERSON KNOW YOU?

ADDITIONAL QUESTIONS

List any additional information you think would be helpful concerning your knowledge, skills and experience related to the job for which you are applying.

Briefly state what you feel you can contribute as an employee for the Northmont City School District in the position for which you are applying.

Have you ever been involuntarily terminated from employment in a previous job? ☐ Yes ☐ No

If yes, please give the name of the company, the date, and the reasons for the termination.

Are you aware of any reason you would not be able to perform the duties required of the position for which you are making an application? If yes, please explain. ☐ Yes ☐ No

The Northmont City School District is an Equal Opportunity Employer and no person shall be excluded from employment on the basis of protected class status. It is the policy of the Northmont Board of Education that the best qualified applicant shall be selected for each position without regard to age, race, color, creed, religion, national origin, handicap or sex.

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN

I hereby certify that the above information, to the best of my knowledge, is true, accurate, and complete. Amy misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. **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.**
Furthermore, it is understood that this application and records become the property of the Northmont City School District which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the Northmont City School District, if I am employed.

I hereby authorize Northmont City School District to conduct work history, personal reference or police record inquiries to determine my acceptability for employment.

With the understanding that falsification of any information furnished on this application is grounds for the rejection of this application or dismissal after my employment (if I am hired), I certify that all such information is true and complete to the best of my knowledge, and I hereby authorize agents of the Northmont City Schools and those acting in accordance with their direction to investigate same. I understand that any such investigation may include, but need not be limited to, an inquiry to the Ohio Bureau of Criminal Identification and Investigation and to other law enforcement agencies; I accordingly agree to cooperate promptly and fully during the application process Further, I hereby give my permission to the Ohio Bureau of Criminal Identification and Investigation and other law enforcement agencies, as well as any and all other persons and entities who might have knowledge concerning information that I have provided on this form, to disclose to agents of the Northmont City Schools and those acting in accordance with their direction all pertinent information in their possession (except to the extent that I have expressly stated otherwise on this form), and I release those so requesting, receiving, and providing that information, and their respective agents and principals, from any and all liability in connection therewith to the full extent permitted by law, and I voluntarily authorize Northmont City Schools to contact any references whose names I have submitted. I voluntarily release this school district and any persons providing information from any liability and claims relating to the use of information obtained.

Signature of Applicant Date

APPLICATION WILL BE KEPT ON FILE FOR ONE YEAR

Revised 10/28/2025