

APPLICATION FOR EMPLOYMENT

TO CLASSIFIED POSITION

AN EQUAL OPPORTUNITY EMPLOYER

DOVER CITY SCHOOL DISTRICT  
BOARD OF EDUCATION

219 WEST SIXTH STREET  
DOVER, OHIO 44622

PLEASE PRINT

Date of Application \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street) (City, State) (Zip Code)

Number of years at above address: \_\_\_\_\_

Telephone Number: (Check which preferred) \_\_\_\_\_ Home: \_\_\_\_\_  
\_\_\_\_\_ Work: \_\_\_\_\_

**NOTICE: CAFETERIA WORKERS, CUSTODIANS/MAINTENANCE WORKERS AND SECRETARIAL POSITIONS REQUIRE PASSING A CIVIL SERVICE TEST.**

Position Applying for: \_\_\_\_\_ Bus Driver \_\_\_\_\_ Cafeteria Worker  
\_\_\_\_\_ Custodian/Maintenance \_\_\_\_\_ Educational Aide  
\_\_\_\_\_ Secretarial \_\_\_\_\_ Other: \_\_\_\_\_  
(Specify)

Date Available: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Newspaper advertisement \_\_\_\_\_ Employee Referral  
\_\_\_\_\_ Walk-in applicant \_\_\_\_\_ Other: \_\_\_\_\_  
(Specify)

Have you ever applied for a position with the school district?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", when? \_\_\_\_\_

Have you ever been employed by the school district?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", when? \_\_\_\_\_

Are you currently employed?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", where? \_\_\_\_\_

Do you have a relative working for the school district?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", state identity and relationship. \_\_\_\_\_

\_\_\_\_\_

EDUCATION DATA				
School	Print Name, Street, City, State and Zip Code	No. of Years Completed	Degree	Major Course of Study
High School				
College				
Trade, Business, Night or Corresp. School				
Other				

In the following spaces give a complete record of your employment history, including periods of unemployment, if any. Begin with most recent employment and work back.

1.

EMPLOYMENT HISTORY		
Employer:	Employed:	Starting position:
Address:	From _____ Mo/Yr	Last position:
Telephone:	To _____ Mo/Yr	Other positions held:
Duties:	Immediate supervisor:	
Starting Salary (Wage):	Final Salary (Wage):	

2.

EMPLOYMENT HISTORY		
Employer:	Employed:	Starting position:
Address:	From _____ Mo/Yr	Last position:
Telephone:	To _____ Mo/Yr	Other positions held:
Duties:	Immediate supervisor:	
Starting Salary (Wage):	Final Salary (Wage):	

3.

EMPLOYMENT HISTORY		
Employer:	Employed:	Starting position:
Address:	From _____ Mo/Yr	Last position:
Telephone:	To _____ Mo/Yr	Other positions held:
Duties:	Immediate supervisor:	
Starting Salary (Wage):	Final Salary (Wage):	

4.

EMPLOYMENT HISTORY		
Employer:	Employed:	Starting position:
Address:	From _____ Mo/Yr	Last position:
Telephone:	To _____ Mo/Yr	Other positions held:
Duties:	Immediate supervisor:	
Starting Salary (Wage):	Final Salary (Wage):	

5.

EMPLOYMENT HISTORY		
Employer:	Employed:	Starting position:
Address:	From _____ Mo/Yr	Last position:
Telephone:	To _____ Mo/Yr	Other positions held:
Duties:	Immediate supervisor:	
Starting Salary (Wage):	Final Salary (Wage):	

**ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY**

1. May we contact your employer(s)? Present Employer:  Yes  No  
 Previous Employer(s):  Yes  No

Please identify any exceptions and reasons for not contacting: \_\_\_\_\_  
 \_\_\_\_\_

2. In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used?

Yes  No If "Yes", identify name(s) and relevant dates, \_\_\_\_\_  
 \_\_\_\_\_

**MILITARY EXPERIENCE**

Have you ever served in the U.S. Armed Forces?  Yes  No

Describe any special job-related training received: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OTHER SPECIAL SKILLS**

Describe any other special job-related skills or qualifications that would support your application: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

(List three (3) DO NOT INCLUDE relatives or former employees)

Name	Address	Phone Number	How Long Known



**APPLICANT'S STATEMENT**

I hereby affirm that the information on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities. I agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event I am hired.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by the law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

IN CASE OF EMERGENCY OR ACCIDENT, whom shall we notify?

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_