 EMPLOYMENT APPLICATION FOR CLASSIFIED POSITIONS

**ST. MARYS CITY SCHOOLS**

**2250 State Route 66**

**ST. MARYS OH 45885-9355**

# 

# Application Date MM/DD/YYYY:

Applications will be kept on file and active until March 1st of the current school year. Applications received after March 1st will be kept on file until March 1st of the following school year. Please advise the superintendent’s office of any change in employment status.

**Procedures:**

1. Please complete this application and return it to: **jobs@smriders.net.**
2. After a review of the completed application and other requested materials, interviews will be arranged with selected candidates for vacant positions.
3. If you need assistance in completing this application, please call 419-394-4312.

**This application has fillable fields (the grey text) and must be completed in Microsoft Word.**

**Demographic Information** (Note – Name as it appears on your Social Security card):

|  |  |  |
| --- | --- | --- |
| Last Name | First Name | Middle |
| Street Address | | |
| City | State | Zip |
| Primary Phone | Secondary Phone | Date of Birth |
| E-mail Address | | |

**Educational Background:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| College attended: | College name | | | Degree: | Degree | |
| Technical School attended: | | | School name | Degree: | Degree | |
| High School attended: | | School name | | Graduation year: | | Year |

**For what position(s) are you applying?** (Please select below.)

\*Cafeteria  Secretary  Administrative Assistant  Paraprofessional (Teacher’s Aide)

\*Indicate type of kitchen equipment and other food service machine with which you have had experience: enter information here

Bus Driver Do you have a CDL? Click to Select. What Kind? enter information here

CDL Driver’s License Number enter information here

**\*\***Maintenance  **\*\***Custodian **\*\*Please complete the “additional information” for maintenance/ custodian positions.**

Nurse: Do you have an RN license? select one; School Nurse License? Click to select

Can you, and are you willing to start employment as a substitute? Click to Select.

When are you available to begin work? enter information here

|  |
| --- |
| **Please describe the skills that qualify you for the position(s) you have indicated an interest in.** |
| enter information here |

**Employment Information** (start with the present or most recent employer)

|  |  |  |
| --- | --- | --- |
| **Employer Name**  **Dates Employed** | **Employer Contact Information** | **Position(s)** |
| Employer Name  From MM/YYYY  To MM/YYYY | Street Address  City, State Zip  Phone Number | enter information here |
| Employer Name  From MM/YYYY  To MM/YYYY | Street Address  City, State Zip  Phone Number | enter information here |
| Employer Name  From MM/YYYY  To MM/YYYY | Street Address  City, State Zip  Phone Number | enter information here |

**References**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Phone Number** |
| First and Last Name | Street Address  City, State Zip | Phone Number |
| First and Last Name | Street Address  City, State Zip | Phone Number |
| First and Last Name | Street Address  City, State Zip | Phone Number |

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION**

This will be authorization to the St. Marys Board of Education to obtain any and all information regarding previous employment from any and all persons, firms or corporations by whom I was previously employed.

In addition, I swear or affirm the facts set forth above in my application are true and complete. I understand that if employed, false statements on this application shall be considered as sufficient cause for rejection or dismissal.

I have the legal right to work in the United States and will submit the appropriate documentation upon the time of hire.

Applicant’s Signature: First and Last Name Date: MM/DD/YYYY

The St. Marys City School District is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, sex, disability, military status, ancestry or age in its programs and activities, including employment opportunities. Information requested is used solely to determine the applicant’s ability to meet job criteria and to perform the job satisfactorily.

## ADDITIONAL INFORMATION FOR MAINTENANCE/CUSTODIAL APPLICANTS ONLY

**MAINTENANCE/CUSTODIAL QUALIFICATIONS**

Please mark the appropriate box to indicate what degree of skill you have with the following items:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **No Skill** | **Some Skill** | **Much Skill** | **Highly Skilled** |
| **Floor Scrubbing Machines** |  |  |  |  |
| **Painting – brush and roller** |  |  |  |  |
| **Painting - spray** |  |  |  |  |
| **Hand Tools** |  |  |  |  |
| **Power Tools** |  |  |  |  |
| **Woodworking** |  |  |  |  |
| **Metalworking** |  |  |  |  |
| **Welding** |  |  |  |  |
| **Concrete Work** |  |  |  |  |
| **Masonry** |  |  |  |  |
| **Hot Water Heating Systems** |  |  |  |  |
| **Hot Air Heating Systems** |  |  |  |  |
| **Steam Heating Systems** |  |  |  |  |
| **Gas Fired Boilers** |  |  |  |  |
| **Oil Fired Boilers** |  |  |  |  |
| **Small Appliance Repair** |  |  |  |  |
| **Mechanical Repairs** |  |  |  |  |
| **Electrical Repairs** |  |  |  |  |
| **Plumbing Repairs** |  |  |  |  |
| **Tractor Operation** |  |  |  |  |
| **Tractor Maintenance** |  |  |  |  |

Please describe any other type of equipment on which you have experience:

|  |
| --- |
| Enter information here. |