



**WORK EXPERIENCE:** (from most recent experiences)

Employer \_\_\_\_\_ Position Held \_\_\_\_\_ Dates of Employment \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**GENERAL INFORMATION:**

1. Are you legally authorized to work in the United States  YES  NO
2. Ohio Resident  YES  NO
3. Ohio Resident for five years or more  YES  NO
4. Are you currently employed  YES  NO
5. Can you perform all of the functions and duties of the positions for which you are applying for with or without reasonable accommodations?  YES  NO
6. Have you ever been convicted of a felony?  YES  NO
7. If yes to #6, please describe \_\_\_\_\_  
\_\_\_\_\_
8. Have you ever been discharged / asked to resign from a prior position?  YES  NO

**REFERENCES**

**Work Related:**

Name \_\_\_\_\_ Position \_\_\_\_\_

Phone W \_\_\_\_-\_\_\_\_-\_\_\_\_ H \_\_\_\_-\_\_\_\_-\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Phone W \_\_\_\_-\_\_\_\_-\_\_\_\_ H \_\_\_\_-\_\_\_\_-\_\_\_\_ Email \_\_\_\_\_

**Personal:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone W \_\_\_\_-\_\_\_\_-\_\_\_\_ H \_\_\_\_-\_\_\_\_-\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone W \_\_\_\_-\_\_\_\_-\_\_\_\_ H \_\_\_\_-\_\_\_\_-\_\_\_\_ Email \_\_\_\_\_

Check all aspects that apply to your knowledge/ability regarding:

**TECHNOLOGY LITERACY:**  Advanced  Moderate  Beginner  None

Word  Excel  Access  Multimedia  Publishing  Email

Other \_\_\_\_\_

**CLERICAL:** Typing words per minute \_\_\_\_\_

Accounting Procedures  10 Key Calculator  Payroll Procedures  Voice Mail

**CAFETERIA / FOOD SERVICE:**  Prior experience  No Prior experience

Cashiering  Food Preparation  Inventory Control  Sanitation Training

**MAINTENANCE /CUSTODIAL SERVICES: :**  Prior experience  No experience

Asbestos Abatement Training  Buffer Operation  Boiler Operation

Heating / Ventilation  Basic Plumbing  Cleaning Sanitation

Mopping / Waxing  Basic Electrical  Blood borne Pathogens Training

Basic Carpentry

**TRANSPORTATION: CDL**  YES  NO

Years of Driving Experience \_\_\_\_\_ Car \_\_\_\_\_ Truck \_\_\_\_\_ Bus

Types of Licenses Held:  Operator's  Chauffeur's  School Bus

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has your driver's license ever been revoked?  YES  NO

Have you ever been denied certification as a bus driver?  YES  NO

Have you ever been arrested for traffic violations?  YES  NO

Have you ever had your insurance revoked or been refused insurance?  YES  NO

**NARRATIVE:**

Regarding the position(s) you have applied for, why do you believe your skills and training will meet the needs of this school district?

---

---

---

---

---

---

---

---

---

---

Many of our classified employees interact with our students through out the day. Describe for us what you believe is the best approach in interacting with and dealing with the students we serve.

---

---

---

---

---

---

---

---

---

---

I acknowledge being informed that as a precondition of employment with the Miamisburg City Schools that I must submit to and successfully pass a BCII criminal records check and drug screening if I come under final consideration of employment. I acknowledge that I must present proof of Ohio residency for the five year period immediately prior to the date of employment or submit to a FBI criminal records check. I certify that the answers given by me on this application are true and accurate without omissions of any kind. I agree that the District has not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me on this application.

I authorize the Miamisburg City Schools to make any investigation of my personal or employment history and authorize any former employer, person, firm, or governmental agency to disclose any information they may have regarding me. In consideration of the District's review of this application, I hereby release the District as well as the providers of any information from any liability for any damage which may result from the furnishing and receiving of such information.

I acknowledge that I must successfully complete all aspects of the employment process to become or remain employed with the Miamisburg City Schools

---

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