



Fort Recovery Local Schools

400 East Butler Street, P.O. Box 604 • Fort Recovery, OH 45846

Larry C. Brown, Superintendent

Phone: (419) 375-4139

Fax: (419) 375-1058

CLASSIFIED APPLICATION FOR EMPLOYMENT

Please complete this application and return to: Larry C. Brown, Superintendent
Fort Recovery Local Schools
400 East Butler Street, P.O. Box 604
Fort Recovery, OH 45846

Position applying for:

Aide	_____	Secretary	_____
Bus Driver	_____	Other	_____
Custodian	_____		
Food Service	_____		
Maintenance	_____		

PERSONAL DATA

E-Mail Address _____ U.S. Citizenship _____
YES NO

_____ LAST NAME FIRST NAME MIDDLE NAME

Current Address: _____
NUMBER AND STREET CITY-STATE-ZIP PHONE NUMBER

Permanent Address: _____
NUMBER AND STREET CITY-STATE-ZIP PHONE NUMBER

OTHER

Have you ever been convicted of any of the following: 1) a felony; b) a misdemeanor that would be a felony on the second offense; c) any sex offense; d) any offense of violence; 3) any theft offense; f) any drug abuse offense? Yes _____ No _____

If yes, please explain nature and date(s) of occurrence(s): _____

Do you have any medically diagnosed health condition(s) which might need special accommodations for performing the position for which you are applying? Yes _____ No _____

If yes, please explain work limitations: _____

Number of days absent last year _____ Previous year _____

Approximate number of days of accumulated sick leave (if applicable) _____

Present position _____

List your responsibilities in your present position _____

COMMUNITY ACTIVITIES AND ORGANIZATIONS

1.	4.
2.	5.
3.	6.

MILITARY SERVICE RECORD

Induction Date	Discharge Date	Branch of Service	Length of Service

EDUCATION

Name of School	Location	Dates		Sem. Hrs. Earned *1	Grade Point Average *2	Date of Graduation	Degree Earned
		From	To				

EMPLOYMENT EXPERIENCE

Years (Dates)	Employer	Address	Position	Full or Part-time?

REFERENCES

Name – Position	Address	Phone Number

May we contact the above listed references? YES ___ NO ___

I authorize a complete criminal/traffic record check and I will allow my record (if any) to be disclosed to the Fort Recovery Local Schools

I hereby attest that I am not prevented from lawfully becoming employed in this country because of VISA or immigration status. (Proof of citizenship or immigration status will be required upon employment.)

Signature of Applicant

Date of Application

Please Note: No Acknowledgment of this application will be forthcoming.

Unless reactivated by written request, this application will be destroyed two years from date of filing.
This School District is An Equal Opportunity Employer

**THANK YOU FOR YOUR TIME AND INTEREST IN MAKING APPLICATION TO THE
FORT RECOVERY LOCAL SCHOOLS**

