



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 ___

Food Service ___

Classified Substitute ___

Bus Driver ___

Maintenance ___

Other _____

Custodian ___

Secretary ___

PERSONAL DATA

LAST NAME FIRST NAME MI

Yes ___ No ___
U.S. Citizenship

Address City State Zip

PHONE NUMBER

EMAIL ADDRESS

OTHER

Have you ever been convicted of any of the following? Felony; Misdemeanor that would be a felony on the second offense; any sex offense; any offense of violence; any theft offense; any drug abuse offense?

Yes ___ No ___ If yes, please attach an explanation with the nature and date(s) of occurrence(s).

OF DAYS ABSENT LAST YEAR

PREVIOUS YEAR

APPROXIMATE # OF SICK LEAVE DAYS ACCUMULATED

PRESENT POSITION

LIST YOUR MAIN RESPONSIBILITIES IN YOUR PRESENT POSITION

COMMUNITY ACTIVITIES AND ORGANIZATIONS

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

EDUCATION

Name of School	Location	Dates		Sem. Hrs Earned	GPA	Date of Graduation	Degree Earned
		From	To				

EMPLOYMENT EXPERIENCE

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

MILITARY SERVICE RECORD

Induction Date	Discharge Date	Branch of Service	Length of Service

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 further understand that falsification of any and all information on this application shall result in my being disqualified from employment or in my employment being terminated. 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. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.

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

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.
 Fort Recovery Local School District is an Equal Opportunity Employer