



CLOVERLEAF LOCAL SCHOOL DISTRICT
8525 Friendsville Road Lodi, OH 44254

**CLASSIFIED/SUPPLEMENTAL
Employment Application**

S-27 (Rev. 3/4/2019)

<u>Office Use Only</u>	
___ BCI Date _____	
___ FBI Date _____	
___ Current Educ. Aide Cert,	
___ Current Pupil Activity Cert.	
___ References	
Copy: ___ Maintenance	
___ Food Service	
___ Transportation	
___ Bldg. Administrator	

Today's Date _____

Personal Information (please print clearly or type)

NAME _____
Last First Middle

ADDRESS _____
Street Apt. #

City State Zip Code

MAILING ADDRESS (if different) _____
P.O. Box

City State Zip Code

CONTACT INFORMATION

Daytime Phone Number Evening Phone Number

Cell Phone Number E-Mail Address

Position(s) Applying For:

___ Educational Aide ___ *HQ Educational Aide
(* 2 years college, Associates Degree, or Paraprofessional Certification)

___ Secretary ___ Cafeteria Helper ___ Custodian

___ Bus Driver ___ Other

Supplemental Position _____
(description)

Full Time _____	Part Time _____	Sub List _____	Supplemental _____
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Cloverleaf Local School District is an equal opportunity employer and does not discriminate against applicant or employee

Employment History

Please list your employers from most recent to least recent

1.

Current Employer	
Address	
Supervisor Name	
Phone Number	
Dates of Employment	
Job Title and Duties	
Salary	
Reason for Leaving	

May we contact your current employer? ___ yes ___ no

2.

Employer Name	
Address	
Supervisor Name	
Phone Number	
Dates of Employment	
Job Title and Duties	
Salary	
Reason for Leaving	

3.

Employer Name	
Address	
Supervisor Name	
Phone Number	
Dates of Employment	
Job Title and Duties	
Salary	
Reason for Leaving	

Please list additional employers on a separate sheet and attach it to this application.

Education History

<u>Name & Address of School</u>	<u>Date(s) of Attendance</u>	<u>Did you Graduate?</u>	<u>Degree Earned</u>

Please answer the following questions.

Failure to be truthful in these answers is grounds for dismissal. If you answer YES to any of the following questions, please explain your answer in the space provided, or on a separate sheet of paper and submit it with this application.

- 1. Have you ever resigned from, or otherwise left, public employment to avoid investigation for alleged misconduct or dismissal in Ohio, or any other State?

_____ Yes _____ No

- 2. Have you ever been employed by the Cloverleaf Local School District Board of Education?

_____ Yes _____ No

- 3. Have you ever been dismissed from any probationary employment?

_____ Yes _____ No

- 4. Have you ever served in the United States Armed Services? (If so, please describe in detail below, or on a separate page.)

_____ Yes _____ No

- 5. Are you legally eligible to work in the United States?

_____ Yes _____ No

Explanation(s) _____

Please list and describe any special skills, licenses, or other qualities which qualify you for employment with the Cloverleaf Local School District Board of Education.

Please list three references (do not include relatives)

<u>Name</u>	<u>Occupation</u>	<u>Address</u>	<u>Phone Number</u>	<u>Relationship to Applicant</u>
1.				
2.				
3.				

PLEASE READ THIS SECTION CAREFULLY AND SIGN YOUR NAME INDICATING YOUR UNDERSTANDING.

1. Pursuant to Ohio Revised Code 3319.39, I understand that anyone under final consideration for employment by a Board of Education must obtain a criminal background check from the Bureau of Criminal Identification. The cost of this records check is payable by the applicant. Please contact Cloverleaf Superintendent's Office for further information.
2. I understand that the Board of Education or its agents have the right to investigate the information in this application. Failure to be truthful on this application is grounds for dismissal.
3. Cloverleaf Local School District does not discriminate against individuals because of race, sex, national origin, age or disability. Ohio Revised Code 4112.02(A).
4. This application is in effect for 12 months. If you wish to remain on the active list, you MUST notify the superintendent's office of your availability prior to the expiration date.

Applicant Signature _____

Date _____