



CLINTON-MASSIE LOCAL SCHOOLS

2556 Lebanon Road, Clarksville, Ohio 45113

Phone: 937-289-2471 Fax: 937-289-3313

Website: <http://www.clinton-massie.k12.oh.us>



Inspire Learners Empower Community Achieve Excellence

EMPLOYMENT APPLICATION

Please fill in all information requested and return to the Superintendent at the above address.

Application Date _____ Full-Time Position _____ Substitute Position _____
Position Desired: Bus Driver Cafeteria Custodian Admin Asst. Educational Aide Other

PERSONAL DATA		
NAME:		
Last	First	Middle
ADDRESS:		
Street Address		
City		PHONE #:
State	Zip	
EMAIL ADDRESS		

EDUCATION		
NAME & LOCATION	DATE OF DIPLOMA OR DEGREE	DATES IN ATTENDANCE
GRADE SCHOOL		
HIGH SCHOOL		
OTHER SCHOOLING		

EMPLOYMENT HISTORY			
COMPANY	POSITION	WAGES	
FROM (MO/YR)	TO (MO/YR)	IMMEDIATE SUPERVISOR	REASON FOR LEAVING
COMPANY	POSITION	WAGES	
FROM (MO/YR)	TO (MO/YR)	IMMEDIATE SUPERVISOR	REASON FOR LEAVING
COMPANY	POSITION	WAGES	
FROM (MO/YR)	TO (MO/YR)	IMMEDIATE SUPERVISOR	REASON FOR LEAVING

GENERAL QUESTIONS

WHEN WOULD YOU BE ABLE TO BEGIN
WORK IF YOU ARE EMPLOYED?

MILITARY SERVICE? Y OR N

WOULD YOU CONSIDER
PART-TIME WORK?

DO YOU HAVE
TRANSPORATION?

FITNESS FOR POSITION

I have reviewed the job description for the position for which I am applying and certify that I am not aware of any physical or mental disability which I have that would prevent me from performing the essential functions of the job for which I am applying except for _____

(Explain condition or write None)

REFERENCES

NAME	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			
3.			
4.			

APPLICANT CERTIFICATE AND RELEASE

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or subsequent dismissal if I am hired. I hereby authorize the district to conduct a background investigation and authorize release of information in connection with my application for employment. This investigation may include, but not be limited to, such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references and other appropriate sources. I waive my right of access to any such information and without limitation hereby release the Clinton-Massie Board of Education and the reference source from any liability in connection with the release or use of the information requested and provided. I acknowledge that I must also have a tuberculin test and present documented evidence of having tested negatively for tuberculosis within ninety days before my first day of work, in accordance with ORC 3701-15-02(A).

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

I agree that any claim or lawsuit relating to my service with Clinton-Massie Local School District or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature of Applicant _____