

## SUPPORT STAFF APPLICATION

## BATH LOCAL SCHOOLS 2650 BIBLE ROAD LIMA, OH 45801

	Dai	Date of Application			
NameLast	First	Middle			
Last	11100	Madie			
Address					
Street & Number	City	State	Zip		
Telephone Number:	Alternate Phone Number:				
Position(s) for which you are applying	: (check)				
DEPARTMENT	APPLYING FOR THE POSITION (x)	WOULD SUBS	TITUTE (y/n)		
Bus Driver					
Bus Aide					
Bus Mechanic					
Custodial					
Food Service					
Library Assistant**					
Maintenance					
Monitor: Café and Playground*					
Monitor: Study Hall*					
School Nurse – RN Required					
Secretary					
T 1 1 1 1 1 4 4					
Teacher's Aide**					
Coach for :					

All positions, staff and substitute, require FBI and BCI background check

<sup>\*</sup>Monitor permits can be obtained from Ohio Department of Education.

<sup>\*\*</sup>Teacher's Aide and Library Assistants must hold an ESEA qualified Aide Permit

# **Education and Technical Training**

	Name & Location	Degree	Graduation Date	
	Previous Work Exp			
	Start with present or most	recent employer		
Employer		Telenhone		
Address		Employed From-To(Month-Year)		
Name of Supervisor	<del> </del>	Reason for Lo	eaving	
State Job Title & Describe You	ır Work			
Employer		Telephone Employed Fr	om-To	
E <b>mployer</b> Address		Telephone Employed Fr	om-To	
E <b>mployer</b> AddressName of Supervisor		Telephone Employed Fr	om-To	
E <b>mployer</b> AddressName of Supervisor		Telephone Employed Fr	om-To	
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E <b>mployer</b> AddressName of Supervisor		Telephone Employed Fr	om-To	
E <b>mployer</b> AddressName of Supervisor		Telephone Employed From (Month-Year) Reason for Lo	om-Toeaving	
EmployerAddressName of SupervisorState Job Title & Describe You	ur Work	Telephone Employed From (Month-Year) Reason for Lo	om-To	
EmployerAddressName of SupervisorState Job Title & Describe You	ur Work	Telephone Employed From (Month-Year) Reason for Lo	om-To	
EmployerAddressState Job Title & Describe You  EmployerAddress	ur Work	Telephone Employed From (Month-Year) Reason for Lo	om-To	
EmployerAddress	ur Work	Telephone Employed Free (Month-Year) Reason for Lo	om-To om-To eaving_	

Complete sections applicable to your application
Attach copy of licenses or permits pertaining to position

# **Bus Driver**

Number of years' experience driving: Bus	Semi-Truck _		CDL Certi	fied?
License No	Endorsement_		Class	
Driving Record – Have you ever had your	license revoked?	Yes	No	
Conviction of a felony? Y	es	No		
Conviction of a DUI? Y	es	No		
Have you completed Bus Driver Training O	Course? Yes_	No	Date	
Custodial				
Number of years custodial experience				
School Hospital_	Nursi	ng Home	Other	<del></del>
Knowledge of institutional cleaning produc	cts – list			
<u>Food Service</u>				
Experience in cooking/serving large group	s? Yes	No		
Number of years' experience in food service	ce			
Hospital Nursing Home	School	ol	Other	
Have you any experience in working with	the following?			
Running register/handling cash	Steam Table_	Oven	s	
Mixer-Grinder Commerc	ial Dish Machine			
Maintenance/Grounds				
List experience				
HVAC				
Plumbing				
Electrical				
Welding				
Groundskeeping Equipment				

# **Secretarial Office Professional** Office equipment – Are you proficient in the following? Computer Windows XP Windows 2000 Word Excel Copy Machines Typing wpm Power Point Google Aide/Monitor Aide Certificate # Expiration Date \_\_\_\_ ESEA Qualified? \_\_\_\_\_ Physical ability to transfer students Previous experience working with children with disabilities Coach PAS Certificate #\_\_\_\_\_ Expiration Date \_\_\_\_\_ References Please list at least three (3) people (non-relatives), along with addresses and phone numbers, who have knowledge of your character and your work habits. Position Address Phone # Name Position Address Phone # Name\_\_\_\_\_ Position\_\_\_\_ Address\_\_\_\_ Phone #\_\_\_\_\_ **Personal/Related Information** Have you attended school or work under another name? Y/N Name Have you ever served in the United States military? Y/N Branch Yrs: If currently employed, why do you want to leave your present position? Statement Please write a brief paragraph explaining (1) why you are interested in the position and (2) the major reasons why you feel you qualify for the position.

## **Certificate of Applicant**

I hereby authorize the Bath Local Schools to obtain from my former employers all data needed to support this application. I hereby authorize Bath Local Schools to obtain from the references listed above any information needed to support this application.

I acknowledge being informed that as a precondition to employment in the position for which I am applying, I must in accordance with Ohio law provide both a set of fingerprints and satisfactorily pass a criminal records check if I come under final consideration for employment.

I represent that all information furnished in connection with this application is true and accurate to the best of my knowledge. I fully understand that any person who knowingly makes a false statement is guilty of falsification under O.R.C. section 2921.13, which is a misdemeanor of the first degree. I further recognize that, should the employer discover that I have falsified any such information, I will not be hired, or if already hired, will be subject to termination from employment on those grounds.

Signature of Applicant

Date

I agree that any claim or lawsuit relating to my service with the Bath Local School District 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 hereby forever waive any statute of limitations to the contrary.

If you are hired, this application becomes part of your official employment record, and you will be bound by its terms.

Your signature below is your acknowledgement that you have read and understood this application, and that your responses have been truthful and complete.

Signature of Applicant	Date