

Application for Non-Teaching Employment

Shawnee Local School District
3255 Zurmehly Rd.
Lima, Ohio 45806

General Information

Date of Application _____

Name _____
Last
First
Middle (Maiden)
Social Security Number

Address _____
Street and Number
City
State
Zip Code

Telephone Number Home: () _____ Work: () _____

Position(s) for which you are applying: (check)

<u>Departments</u>	<u>Full Time</u>	<u>Part Time</u>	<u>Would Substitute</u>	
			<u>Yes</u>	<u>No</u>
Bus Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Custodial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicap Aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance/Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanic/Fleet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretarial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Educational Training

Education or Training	Name and Location	Degree and/or Course	Date Attended	Date Graduated

Describe the technical training you have had that pertains to the position(s) for which you are applying.

School of Institute and Location	Dates Attended	Type of Training/Description of Experience
	From To	
	From To	
	From To	

Previous Work Experience

Start with present or most recent employer.

Employer	Telephone
Address	Employed (Month and Year) From To
Name of Supervisor	Reason for Leaving
State Job Title and Describe Your Work	

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Complete sections applicable to your application

Bus Drivers

Number of years experience driving Bus _____ Truck _____

License No. _____ Endorsement _____ Class _____

Driving Record – Have you ever had your license revoked? Yes _____ No _____

Conviction of a felony? Yes _____ No _____

Conviction of a DUI? Yes _____ No _____

Have you completed Bus Driver Training Course? Yes _____ No _____

Would you be willing to attend Bus Driver Training Courses as required for licensing? Yes _____ No _____

Custodial

Number of years experience janitorial (other than home cleaning) _____

School _____ Hospital _____ Nursing Home _____ Other _____

Knowledge of institutional cleaning products – list _____

Nutrition Service

Experience in cooking/serving large groups? Yes _____ No _____

Number of years experience in food service _____

Hospital _____ Nursing Home _____ School _____ Other (than home cooking) _____

Have you operated any of the following commercial size equipment?

Steam Table _____ Steam Kettle _____ Power Slicer _____

Mixer-Grinder _____ Dishwasher _____ Ovens _____

Maintenance/Grounds

List experience

HVAC _____

Plumbing _____

Electrical _____

Welding _____

Groundskeeping Equipment _____

Secretarial Office Professional

Office equipment – Are you proficient in the following?

Computer_____ Word_____ Excel_____

Copy machines_____ Typing wpm_____

Handicap Aide

Physical ability to transfer students_____

Previous experience working with children with disabilities_____

References

Please list at least three (3) people (non-relatives or clergy), along with addresses and phone numbers, who have knowledge of your character and your work habits.

Name	Position	Address Street, City, State, Zip	Telephone Number

Personal/Related Information

During the past year how many days were you absent from work or school due to illness? _____

Have you ever attended school or work under another name? _____

Name: _____

Have you ever served in the United States military? Yes No Years of Service_____

If currently employed, why do you want to leave your present position? _____

Do you have Red Cross First Aid Certificate? _____Yes _____No CPR Training? _____Yes_____No

Emergency Information – Person to Contact

Name _____

Phone _____

Address _____

Alternate Phone _____

Name _____

Phone _____

Address _____

Alternate Phone _____

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.

Certification of Applicant:

I hereby authorize the Shawnee Local Schools to obtain from my former employers all data needed to support this application. I hereby authorize Shawnee 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 both provide 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 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 that grounds.

Signature of Applicant

Date

An equal opportunity employer