

CLASSIFIED EMPLOYMENT APPLICATION



# Belpre City School District

2014 Rockland Ave. • Belpre, OH • 45714

(740) 423-9511 • (740)423-3050 fax

Tony Dunn, Superintendent

Lance Erlwein, Treasurer

NAME \_\_\_\_\_  
Last First Middle

Other name(s) under which transcripts, certificates, and former applications may be listed:

## PERMANENT ADDRESS AND TELEPHONE

Number and Street

Telephone Number

City and State

Zip

Email Address: \_\_\_\_\_

## PRESENT ADDRESS IF DIFFERENT

Number and Street

Telephone Number

City and State

Zip

DATE AVAILABLE FOR EMPLOYMENT \_\_\_\_\_

## POSITION(S) APPLIED FOR:

- Aide       Cheerleading Advisor       Cook       Secretarial
- Custodial       Bus Driver       Coach       Maintenance
- Other \_\_\_\_\_
- Full-time
- Substitute

## PERSONAL DATA

Have you previously held a position in the Belpre City Schools  Yes  No

If so when? \_\_\_\_\_ Under what name? \_\_\_\_\_

Have you ever been discharged or requested to resign from a position?  Yes  No

If YES, please explain:

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Are you now employed?  Yes  No Number of years on this job: \_\_\_\_\_

What is your present position? \_\_\_\_\_

In this space, indicate clearly why you wish to leave your present position to seek employment with Belpre City Schools:

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Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any misdemeanor other than a traffic offense?  Yes  No

Have you ever been convicted of, found guilty of, or pled guilty to, or pled no contest to any felony?  Yes  No

Have you ever had a criminal conviction sealed or expunged?  Yes  No

Have you any health problems, schedule conflicts, or other limitations which may prevent you from maintaining a consistent, punctual, full-time work schedule?  Yes  No

If YES, please explain:

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Have you successfully completed the Civil Service Test?  Yes  No When? \_\_\_\_\_ Year

## Educational History

| Name and Location of School | Dates Attended |    | Semester Hours Earned | Grade Point Average | Date of graduation | Degree Earned | Major Subject | Minor Subject |
|-----------------------------|----------------|----|-----------------------|---------------------|--------------------|---------------|---------------|---------------|
|                             | From           | To |                       |                     |                    |               |               |               |
| High School last attended   |                |    | XXXX<br>XXXX          |                     |                    |               |               |               |
| Colleges or Universities    |                |    |                       |                     |                    |               |               |               |
|                             |                |    |                       |                     |                    |               |               |               |
|                             |                |    |                       |                     |                    |               |               |               |
|                             |                |    |                       |                     |                    |               |               |               |

\_\_\_\_\_ Total College Credits

## WORK EXPERIENCE

| Position | Name and Address of Organization | Dates<br>From - To | Name of Person in Charge |
|----------|----------------------------------|--------------------|--------------------------|
|          |                                  |                    |                          |
|          |                                  |                    |                          |
|          |                                  |                    |                          |
|          |                                  |                    |                          |

## MILITARY SERVICE RECORD

| Induction Date | Discharge Date | Branch of Service | LENGTH OF SERVICE |      |      |
|----------------|----------------|-------------------|-------------------|------|------|
|                |                |                   | Yrs.              | Mos. | Days |
|                |                |                   |                   |      |      |
|                |                |                   |                   |      |      |

## EMPLOYMENT REFERENCES

List only those persons who are qualified to evaluate your qualifications for positions sought.

| Full Name of Reference | Position | Complete Address (include Zip Code) | Phone number |
|------------------------|----------|-------------------------------------|--------------|
|                        |          |                                     |              |
|                        |          |                                     |              |
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|                        |          |                                     |              |

Additional remarks applicant cares to make:

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### GENERAL INFORMATION TO APPLICANT:

**APPLICANTS ARE CONSIDERED WITHOUT REGARD TO THEIR RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, HANDICAPPED STATUS, OR ALIENS LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES.**

If you are employed by Belpre City Schools, a medical examination, confirmation of military service dates, a criminal check and proof of citizenship may be required.

## CLERICAL SKILLS

How would you rate your typing skills?

- Excellent
  Average
  Fair
  Poor

What is your typing speed per minute? \_\_\_\_\_ W.P.M.

After adjustments for errors? \_\_\_\_\_ W.P.M.

How would you rate your word processing skills?

Excellent                       Average                       Fair                       Poor

How would you rate your other technology skills?

Excellent                       Average                       Fair                       Poor

What other types of technology applications are you familiar with (example: spreadsheet, data base, any other technology tools, etc.) Explain:

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Rate yourself on the following:

SPELLING:                       Excellent                       Average                       Fair                       Poor

GRAMMAR:                       Excellent                       Average                       Fair                       Poor

FILING:                       Excellent                       Average                       Fair                       Poor

ORGANIZATION:                       Excellent                       Average                       Fair                       Poor

**BELPRE CITY SCHOOLS AUTHORIZATION FOR RELEASE OF INFORMATION**

I understand that the Belpre City Schools Board of Education may want to verify the statements I have made in this application. I hereby give my permission for Belpre City Schools or its authorized representative, either at this time or any time during my employment with the Board, to request and review prior employment records.

Further, I authorize all persons listed as “references” on this application to provide a personal evaluation of my abilities and potential for a position for which I am a candidate. I acknowledge that said information is confidential and hereby waive my right of access to any information received, and that the information shall remain confidential. This application and all other pre-employment documents becomes the property of the Belpre City Schools Board of Education.

I certify that all statements on this application are true and complete, and any false or incomplete statements may result in disqualification or dismissal.

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SIGNATURE

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DATE

**Belpre City School District Statement of Confidentiality for School  
Employee/Volunteer**

I understand that in the course of my action with the Belpre City School District, I share the responsibility of maintaining the confidentiality on any employee or student information that I may have available to me. I understand that it is my responsibility to assure rights of confidentiality of information both written and verbal.

As an employee/volunteer, I will work with the highest standards, committed to the idea that my work will benefit students. I understand that in the performance of my duties, I am not to discuss academic or other confidential information regarding students or employees with anyone except appropriate school personnel. Any breach of confidentiality will be carefully reviewed and if substantiated could result in termination of employee/volunteer involvement with the Belpre City School District, and may result in legal action.

I acknowledge that I have read and understand this statement of confidentiality.

\_\_\_\_\_  
Employee/Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (School Official)

\_\_\_\_\_  
Date