

NON-TEACHING PERSONNEL APPLICATION

BETHEL-TATE LOCAL SCHOOL DISTRICT

112 North Union Street
Bethel, Ohio 45106
(513) 734-2238
(513) 734-4792 – fax

An Equal Opportunity Employer

NAME _____ DATE _____

ADDRESS _____ PHONE _____
No. and Street city State zip

SOCIAL SECURITY NUMBER _____ U.S. CITIZEN? _____

PRESENT POSITION _____ EMPLOYER _____

ADDRESS _____

CITY, ZIP _____

TELEPHONE _____

POSITION APPLYING FOR _____ FULL TIME _____ SUBSTITUTE WORK _____

EDUCATIONAL TRAINING:
School

Location

WORK EXPERIENCE: (Begin with last employer)

Company Address Telephone Dates Nature of Work

SKILLS EXPERIENCE IN: Please list skills you possess that qualify you for the position for which you are applying

ADD ANY ADDITIONAL INFORMATION THAT YOU BELIEVE WILL ASSIST IN ARRIVING AT A TRUE ESTIMATE OF YOUR QUALIFICATIONS _____

PRESENT HEALTH STATUS _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES, PLEASE EXPLAIN

IN CASE OF AN EMERGENCY, PLEASE NOTIFY _____

NAME

Relationship

Phone

REFERENCES: List three references who know your work

Name

Address

City

State

Zip

APPLICANT'S CONSENT TO BACKGROUND INVESTIGATION:

I certify that all the statements made by me in this application are true, complete and correct to the best of my knowledge and that I am aware that any false statements will be sufficient cause for rejection or dismissal.

I hereby authorize the transfer of all school records as defined by PL-93-380 and amendments thereto. I further authorize the Bethel-Tate Local School District to contact the above listed reference sources and their release of information without notifying me that the records and information are being transferred. I understand that the school district may want to verify the statements I have made in this application. I hereby give my permission for the Bethel-Tate Local School District or its authorized representative any time during my employment with the school district, to request and review my of my medical records, employment records, court records and police records from any local, state or federal agency keeping such records. Records, references; and information transferred by this release are not to be transferred to any other third party by the Bethel-Tate Local School District without my written consent.

By your signature below, you agree that:

1. You do not object to the board of education ordering a criminal records check through the Ohio Bureau of Criminal Identification and Investigation;
2. You will provide fingerprint impressions upon request;
3. You authorize the board of education to make inquiries of past employers and other persons and entities, whether listed among references or not, for the purpose of determining your qualifications and fitness for the position;
4. In the event that the results of the criminal records check by the Ohio Bureau of Criminal Identification are not received prior to your hiring, your contract of employment is hereby conditioned upon these results being satisfactory to the board of education.

Applicant Signature _____

Date _____

You may attach a copy of a resume' to this application.

Applications will be kept on file and active for two years or until applicant has accepted employment. Please advise superintendent of change(s) in employment status.

IT IS THE POLICY OF THE BETHEL-TATE LOCAL SCHOOL DISTRICT THAT EDUCATIONAL ACTIVITIES, EMPLOYMENT, PROGRAMS AND SERVICES ARE OFFERED WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR HANDICAP.

