

# ST. CLAIRSVILLE-RICHLAND CITY SCHOOL DISTRICT

108 Woodrow Avenue, St. Clairsville, Ohio 43950 • Phone: (740) 695-1624 • Fax: (740) 695-1627 • Website: stcschools.com

## CLASSIFIED EMPLOYMENT APPLICATION

Date of Application: \_\_\_\_\_

### PERSONAL INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### POSITION DESIRED

\_\_\_\_\_ EDUCATIONAL AIDE    \_\_\_\_\_ CAFETERIA    \_\_\_\_\_ CUSTODIAL

\_\_\_\_\_ MAINTENANCE    \_\_\_\_\_ MECHANIC    \_\_\_\_\_ SECRETARIAL    \_\_\_\_\_ TRANSPORTATION

Do you wish to be placed on our substitute list if a position is not available?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

### EDUCATION

SCHOOL NAME	YEARS ATTENDED	DEGREE RECEIVED	DATE GRADUATED

Other training, certifications, licenses held:

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

EMPLOYER	ADDRESS	PHONE	POSITION HELD	DATES

Are you presently employed?       YES       NO

Have you ever been discharged or asked to resign from a position?       YES       NO

If yes, please state why: \_\_\_\_\_

**EMPLOYMENT REFERENCES**

*List three persons, not related to you, who know you in an employment relationship.*

NAME	ADDRESS	PHONE	OCCUPATION

**PERSONAL REFERENCES**

List three persons, not related to you, who can attest to your character, effectiveness, and ability as related to the position(s) for which you are applying.

NAME	ADDRESS	PHONE	OCCUPATION

**MILITARY EXPERIENCE**

BRANCH OF SERVICE	RANK	DATE ENTERED	DATE DISCHARGED

**COMPLETE THE APPROPRIATE SECTIONS****CAFETERIA**

Have you had experience in institutional or restaurant food preparation?  Yes  No

If yes, where?  Restaurant  School  Hospital

Nursing Home  Other: \_\_\_\_\_

Explain the duties involved: \_\_\_\_\_

**CUSTODIAN/MAINTENANCE/MECHANIC**

Maintenance and mechanic positions involve a 2-part test (written and performance).

Have you had experience in home or institutional repairs and maintenance?  Yes  No

If yes, where?  Carpentry  Electrical  Painting

Roofing  Cement  Floor care

Plumbing  Welding

**EDUCATIONAL AIDE**

Do you have an Associate's degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you taken and passed the Paraprofessional Praxis Exam? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever worked with children? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, in what capacity? \_\_\_\_\_

Do you have other talents (piano, singing, art) which might be helpful in working with children? \_\_\_ Yes \_\_\_ No

If yes, describe: \_\_\_\_\_

**\*Please note: An Educational Aide Permit, issued by the Ohio Department of Education, is required. Instructions are available in the Administration Building or online at: [education.ohio.gov](http://education.ohio.gov) (search for Educational Aide).**

**SECRETARIAL**

What skills do you have? \_\_\_\_\_ Typing \_\_\_\_\_ Words per minute

\_\_\_\_\_ Accounting \_\_\_\_\_ Filing

\_\_\_\_\_ Computer: \_\_\_\_\_ Microsoft Office \_\_\_\_\_ Google Chrome

\_\_\_\_\_ Others: \_\_\_\_\_

What training do you have that will qualify you for office work? \_\_\_\_\_

\_\_\_\_\_

**TRANSPORTATION**

Number of years driving \_\_\_\_\_ Car \_\_\_\_\_ Truck \_\_\_\_\_ Bus

Type of driver's license held \_\_\_\_\_ Operator's \_\_\_\_\_ School Bus \_\_\_\_\_ Chauffeur's

Have you ever been involved in a traffic accident? \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

Have you ever been arrested for traffic violations? \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

Have your driver's license ever been revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

Have you been employed as a mechanic? \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

**\*Please Note: A CDL w/S&P Endorsement is required to operate a school bus.**

**RACE/ETHNICITY - OPTIONAL**

These questions are included to assist our equal employment opportunity efforts. Providing this information is VOLUNTARY and will in no way affect the processing of your application or your being considered for employment. Responses will be used for statistical purposes only.

- 1. Are you **Hispanic/Latino**? (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race)     **YES**     **NO**
- 2. Which of the following five racial groups applies to you? Check all that apply.
  - American Indian or Alaska Native** - Persons having origins in any of the original peoples of North and South American (including Central America) and who maintain tribal affiliation or community attachment
  - Asian** – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam
  - Black or African American** – Persons having origins in any of the black racial groups in Africa
  - Native Hawaiian or Other Pacific Islander**
  - White** – People who have origins in any of the original peoples of Europe, North Africa, or the Middle East

NOTICE: The school district affirms that no person shall, on the bases of race, color, national origin, gender, age, sexual orientation and disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity conducted under its auspices. This shall extend to employees therein and to admission thereto. Inquiries concerning the application of this policy may be referred to the superintendent or designated coordinator. This policy shall prevail in all Board policies concerning school employees and students.

**CERTIFICATION**

I certify that the information given is true and complete to the best of my knowledge. I further authorize the investigation of all statements contained in this application as may be required in arriving at an employment decision. Any falsification of this information shall be sufficient cause for disqualification or discharge. References and information obtained which become part of this application will become the property of the Board of Education and remain confidential from the applicant. I so indicate the above in the affirmative by my signature.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Before any applicants are appointed, they will be scheduled for an interview which does not in any way assure the applicant of employment. The initiative of scheduling the interview will be taken by the St. Clairsville-Richland City Schools. Applications remain active for a period of 12 months following the date of application.

**RETURN THIS APPLICATION TO:**

**Dr. Walter E. Skaggs**  
**Superintendent of Schools**  
**St. Clairsville-Richland City School District**  
**108 Woodrow Avenue**  
**St. Clairsville, Ohio 43950**  
**Office: (740) 695-1624**  
**Fax: (740) 695-1627**  
**Email: sharon.harrison@stcschools.com**