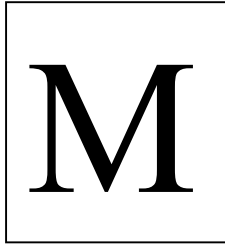


**CLASSIFIED APPLICATION FOR EMPLOYMENT**



**MASSILLON CITY SCHOOLS**

Human Resources  
207 Oak Avenue, S.E.  
Massillon, Ohio 44646-6790  
Telephone: 330-830-1810

**Office Use Only**

**Date Received** \_\_\_\_\_

**Receive by** \_\_\_\_\_

\_\_\_\_\_ Last Name First Name Middle Name

Where do you wish to receive mail?

Home Address \_\_\_\_\_  
Street City State Zip

Other Address \_\_\_\_\_  
Street City State Zip

Email Mail \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Have you taken the Civil Service Test?  Yes  No If yes, date of test \_\_\_\_\_

Are you lawfully authorized to work in the United States? \_\_\_ Yes \_\_\_ No

**Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in termination.**

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**Note: A conviction does not automatically disqualify an application.**

**POSITIONS APPLIED FOR-Rank in order of interest**

<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Lunchroom Monitor
<input type="checkbox"/> Bus Monitor	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Secretarial
<input type="checkbox"/> Educational Teacher Aide	<input type="checkbox"/> Security
<input type="checkbox"/> Library Technician	<input type="checkbox"/> Study Hall Monitor
<input type="checkbox"/> Other (explain)	

**EDUCATION:**

School	Name and Location	No. of Years Completed	Degree/Diploma
High School			
Technical School			
College			

**EMPLOYMENT EXPERIENCE (List most recent first)**

Company Name	Address		Phone
Position/Title	Supervisor	Dates Employed (Mo. & Yr.) From: _____ To: _____	Weekly Pay
Describe Work		Reason for Leaving	

Company Name	Address		Phone
Position/Title	Supervisor	Dates Employed (Mo. & Yr.) From: _____ To: _____	Weekly Pay
Describe Work		Reason for Leaving	

Company Name	Address		Phone
Position/Title	Supervisor	Dates Employed (Mo. & Yr.) From: _____ To: _____	Weekly Pay
Describe Work		Reason for Leaving	

**BUSINESS REFERENCES: (Please include complete address including zip code)**

Name	Company Name/Address	Phone	Position/Title
1.			

2.			
3.			

**PERSONAL REFERENCES: (Please include complete address including zip code)**

Name	Address	Phone	Relationship
1.			
2.			
3.			

**Use this space to state the reason you are applying for a position in the Massillon City School District, include any special skills that you possess. Attach additional sheet if needed.**

**STATEMENT OF DISTRICT**

**It is the policy of The Massillon City School District that no candidate for a position shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age, gender, marital status, non disqualifying disability, height or other protected categories.**

In accordance with Ohio Revised Code, it is the responsibility of all employees to secure and maintain proper certification and/or licensure for any position for which they are hired. In accordance with Federal law, any person employed by this District must provide evidence that she/he is eligible to work in the United States within three days of being hired.

Additionally, for positions involving financial responsibility, bonding is a condition of hire.

**STATEMENT OF APPLICANT**

**It is understood and agreed that the Massillon City School District may contact former employer(s) for verification of my employment history including any testing which may have been done, and compliance with the Bureau of Criminal Identification and Investigation (BCII) for a background check and any other testing which may be required and I hereby consent to such inquiries.**

I understand that if I am employed prior to the District's receipt of the BCII report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contacts with former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education's rules and regulations and any other legal requirements regarding applicant/employee criminal records and disclosure of convictions.

I understand that I must submit satisfactory proof of employment authorization and identity within three days of being hired, in accordance with Federal law, or I will be subject to termination.

I further understand that falsification of any and all information on this application shall result in my being disqualified from employment or in my employment being terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**THIS APPLICATION WILL BE DESTROYED AND/OR CLOSED-FILED AND VOID AT THE END OF THE CURRENT SCHOOL YEAR FOLLOWING IT'S SUBMISSION TO THE MASSILLON CITY SCHOOL DISTRICT.**