

**EASTERN LOCAL SCHOOLS  
CLASSIFIED STAFF  
EMPLOYMENT APPLICATION**

Date: \_\_\_\_\_

TYPE OF WORK YOU ARE APPLYING FOR: \_\_\_\_\_

ARE YOU INTERESTED IN:      \_\_\_\_\_ Full Time  
   \_\_\_\_\_ Substitute  
   \_\_\_\_\_ Either

**PERSONAL DATA**

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ School District You Live In: \_\_\_\_\_

**EDUCATIONAL EXPERIENCES**

Years of formal schooling \_\_\_\_\_ School from which you graduated \_\_\_\_\_

Special type of schooling \_\_\_\_\_  
   Trade School, Apprenticeship, etc.

College training \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Name of Employer	Dates of Employment	Type of Work Done
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**REFERENCES**

Name Address Phone Position

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LIST ANY SPECIAL QUALIFICATIONS, EXPERIENCE, OR INTERESTS THAT YOU FEEL SHOULD BE CONSIDERED BY EMPLOYER: \_\_\_\_\_

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Have you ever been convicted of a Felony? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(An FBI or BCI background check will be required of all applicants under final consideration for employment)

**READ CAREFULLY**

Due to the length of time required for completion of the records check, it may occasionally be necessary for the Board of Education to employ a person prior to the Board of Education having received the results of the criminal records investigation. In these cases, the Board of Education shall rely on the applicant information provided in the employment application. However, by signing this document I specifically agree that if I am employed by the Board of Education prior to its receipt of a response from the BCII (Bureau of Criminal Identification and Investigation), my employment shall be contingent upon subsequent receipt by the Board of Education of a report from B.C.I.I. , and a subsequent report from B.C.I.I. is received which is not consistent with my answer to the above questions, I specifically agree that the action of the Board of Education employing me shall be void without any further act by either party, and that my employment will terminate immediately without the necessity of proceedings to formally terminate my contract of employment.

I certify that all information is true and accurate to the best of my knowledge.

Signature of Applicant \_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO: Mrs. Michelle Filon, Superintendent  
EASTERN LOCAL SCHOOLS  
PO Box 500  
Sardinia, OH 45171

The Eastern Local School District is dedicated to the provision of equal employment and educational opportunities without regard to race, color, national origin, sex, handicap, religion or age.