



# Triad Local Schools Board of Education

7920 Brush Lake Road, North Lewisburg, Ohio, 43060

[www.compleat.com](http://www.compleat.com)  
[www.compleat.com](http://www.compleat.com)

Phone: 937-826-4961

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An Equal Opportunity Employer

## CLASSIFIED APPLICATION

### PLEASE TYPE OR PRINT IN INK.

Date (mm/dd/yy): \_\_\_\_\_ Personal Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street/Road Apt. No. City State Zip Code

#### I am interested in the following position(s):

- |   |  |
|---|--|
| <input type="checkbox"/> Bus Driver       | <input type="checkbox"/> Secretary             |
| <input type="checkbox"/> Cafeteria Worker | <input type="checkbox"/> Maintenance           |
| <input type="checkbox"/> Custodian        | <input type="checkbox"/> Other (specify) _____ |

#### I would be willing to work:

- |                                     |
|-------------------------------------|
| <input type="checkbox"/> Full Time  |
| <input type="checkbox"/> Part Time  |
| <input type="checkbox"/> Substitute |

Date available to start: \_\_\_\_\_

All substitute aides and nurses are hired through the Madison-Champaign ESC Office.  
Call 937-484-1557 or go to [www.mccesc.k12.oh.us](http://www.mccesc.k12.oh.us) for more information.

List previous work experience that would qualify you for the position for which you are applying.


If you have no previous work experience for the position for which you are applying, explain why you feel qualified for this position.


List any equipment or machines in which you have experience working:


**EDUCATION:** All Classified Staff are required to have a high school diploma, GED or equivalent.

Indicate highest grade **completed** in high school: \_\_\_\_\_

Indicate highest education degree earned:

From what District, Tech School or College

High School Diploma     GED     Equivalent

School District: \_\_\_\_\_

Associate Degree in \_\_\_\_\_

College/University: \_\_\_\_\_

Bachelor Degree in \_\_\_\_\_

College/University: \_\_\_\_\_

Master Degree in \_\_\_\_\_

College/University: \_\_\_\_\_

Other: (please explain) \_\_\_\_\_

College/University: \_\_\_\_\_

**HIGHER EDUCATION INFORMATION**

Name of College or University	Course of Study	Location (City, State)	Total Semester Hours Credited	Date of Graduation

**SPECIAL TRAINING OR SKILLS**

List any special training or skills you have acquired.

Date Completed


**REFERENCES**

Complete the following for five (5) people who are not related to you by blood or marriage, who have known you for at least three (3) years. You may use past employers or supervisors.

Name	Address Street/P.O. Box City, State, Zip	How You Know this Person	Number of Years	Telephone Number

**WORK HISTORY**

Former Employers: (List below last three employers, starting with current or most recent.)

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION PROCEDURES:**

Triad Local School Board of Education sincerely appreciates the time and interest you have taken in applying to the district. We hope to reciprocate by giving your application prompt attention. Upon receipt of your application, it will be processed and placed in our active file. When an opening occurs for which you are qualified, your application will be given to the principal or supervisor for consideration.

Applications are kept on an active status for a period of two (2) years from date of receipt. Please contact the board office (937) 826-4961 if you wish to re-activate an expiring application.

**APPLICANT VALIDATION:**

I hereby certify that the answers on this application are true and correct to the best of my knowledge and belief, and that any deliberate misrepresentation of facts contained herein may be grounds for invalidating any contract commitments resulting from this application. I understand that my employment will be subject to the laws of the State of Ohio and to the job descriptions and policies adopted by Triad Local Schools Board of Education.

**NOTICE:**

**ALL “POSSIBLE” (VERBALLY APPROVED) TRIAD EMPLOYEES MUST SUBMIT TO B.C.I. AND F.B.I. BACKGROUND CHECKS. NO BOARD ACTION WILL BE TAKEN TO HIRE ANY INDIVIDUAL UNTIL THE RESULTS HAVE BEEN RECEIVED BY THE DISTRICT.**

I understand that “possible” employment is contingent upon my B.C.I and F.B.I. background reports received by the district through National Web Check. I also understand that the “possible” employment by Triad Board of Education SHALL BE VOID without further act by either party and that my possibility of employment will terminate immediately if either background report identifies a conviction

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