Classified Staff Application Cover Sheet

For Office Use Only
Last Name:
First Name, Middle Initial:
Position Desired:
Date of Application:

Checklist of Application Materials enclosed

Attach this form to the front of the application packet. Applications must include a current resume to be considered complete. Place a check mark (\square) in the list below for each item enclosed then attach them to the application form in the order listed.

 Application form is complete, signed, and dated.
 Complete resume is enclosed.
 Other (optional). For example, transcripts, certificates, letters of recommendation.

Return entire packet to:

Office of the Superintendent
St. Henry Consolidated Local Schools
391 E. Columbus St.
St. Henry, OH 45883

APPLICATION – CLASSIFIED STAFF

St. Henry Consolidated Local Schools 391 E. Columbus St. St. Henry, OH 45883

This form may be used to apply for any position that does not require a teaching certificate.

			iviida	ie or ivia	den Name
Address		City	State	Zip	,
Phone	E	mail	Alt	contact	name & phone
Enter the type of	work in the boxes			T .	
	First C	Choice	Second Choice		Third Choice
Full-Time					
Part-Time					
Substitute					
Building/Age Le	evel Preference.	Circle all that	t apply.	•	
Eleme	ntary	Mid	dle School		High School
Preschool	– Grade 4	Gr	rades 5-8		Grades 9-12
Education					
		Name a	nd Location of School		Degree or Diplom Granted
College or Specia	l Training				
High School					
C ! . C ! .					
•	Computer	Likoto	work directly	I	Able to discipline
	•		· · · · · · · · · · · · · · · · · · ·		Anie to discibillie
Custodial	Mechanical		ant or other kitchen		Comfortable
	Know-how		nce for large groups		Working alone
	Enter the type of Type of Work Full-Time Part-Time Substitute Building/Age Le Eleme Preschool Education College or Special High School Special Skills Office Experience	Position Priority Request Enter the type of work in the boxes Type of Work First C Full-Time Part-Time Substitute Building/Age Level Preference. Elementary Preschool – Grade 4 Education College or Special Training High School Special Skills Office Experience Skills	Position Priority Request Enter the type of work in the boxes below. (I.e. air Type of Work First Choice Full-Time Part-Time Substitute Building/Age Level Preference. Circle all that Elementary Mid Preschool – Grade 4 Gr Education Name a College or Special Training High School Special Skills Office Computer Like to with Sture Skills Enter the type of work in the boxes below. (I.e. air	Position Priority Request Enter the type of work in the boxes below. (I.e. aide, bus driver, cafeteri Type of Work First Choice Second Choice Full-Time Part-Time Substitute Building/Age Level Preference. Circle all that apply. Elementary Middle School Grades 5-8 Education Name and Location of School College or Special Training High School Special Skills Office Computer Skills Office Skills Office Skills Use to work directly with Students	Position Priority Request Enter the type of work in the boxes below. (I.e. aide, bus driver, cafeteria, coach, Type of Work First Choice Second Choice Full-Time Part-Time Substitute Building/Age Level Preference. Circle all that apply. Elementary Middle School Grades 5-8 Education Name and Location of School College or Special Training High School Special Skills Office Computer Like to work directly with Students

E. Work Experi	enc	e
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Name and Address of Employer (List last experience first)	Position/Duties	Dates inclusive (Month/Year)		Reason for Leaving
		From	Thru	

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	se list one personal reference and two en e the best insight about your work capab	• •	s from persons you believe
a	Name	Telephone	Relationship
Personal			
yment			
Employment			

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information or omissions of fact may be cause for denial or termination of employment. Any person who knowingly makes a false statement is guilty of falsification under Section 2921.13 of the Revised Code, which is a misdemeanor of the first degree. I authorize my past employers and the references listed above to give you any and all information concerning my previous employment and any other information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that an offer of employment is subject to my completion, satisfactory to the District, of all pre-employment procedures.

Signature of Applicant	Date

This application will remain active for the current calendar year plus one additional calendar year.

(over)

CLASSIFIED STAFF APPLICANT QUESTIONS

The following questions are a very important part of our screening process. Please reflect upon them carefully and give us your candid responses in the space provided.

1.	What are your three most important reasons you want to work for our schools? 1)
	2)
	3)
2.	Why have you chosen to apply for the particular job(s) you have indicated?
3.	What qualifications and experiences do you have that would make you an exceptional candidate for the position?
4.	What three words best describe you? 1) 2) 3)
5.	What three characteristics do you feel a good school employee should have? 1)
	2)
	3)
6.	How do you most want to influence the lives of students you would touch as a school employee?