

Application For Employment



LUCAS LOCAL SCHOOL DISTRICT
84 LUCAS NORTH ROAD
LUCAS, OHIO 44843
(419) 892-2338

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

All recommendations for employment shall be subject to the following requirements:

1. Criminal records check (BCI and FBI)
2. Appropriate certification where applicable
3. Negative drug test (in accordance with Department of Transportation standards for holders of Commercial Driver's Licenses)

(PLEASE PRINT)

| | | |
|--------------------------------------------|--------------------------------------|--------------------|
| Position(s) Applied For | Date of Application | |
| How Did You Learn About Us? | | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Walk-In | |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ | |
| Last Name | First Name | Middle Name |
| Address | Number | Street |
| City | | State |
| Zip Code | | |
| Telephone Number(s) | Home | Cell |

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Have you ever been employed with us before?

Yes No

If Yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

Yes No

On what date would you be available for work?

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?

Yes

No

If Yes, please explain _____

Education

| | Elementary School | | | | | High School | | | | Undergraduate College / University | | | | Graduate / Professional | | | |
|------------------------------------------------------------------------------------------------|-------------------|---|---|---|---|-------------|----|----|----|------------------------------------|---|---|---|-------------------------|---|---|---|
| School Name and Location | | | | | | | | | | | | | | | | | |
| Years Completed | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Diploma / Degree | | | | | | | | | | | | | | | | | |
| Describe Course of Study | | | | | | | | | | | | | | | | | |
| Describe any specialized training, apprenticeship, skills and extra-curricular activities | | | | | | | | | | | | | | | | | |
| Describe any honors you have received | | | | | | | | | | | | | | | | | |
| State any additional information you feel may be helpful to us in considering your application | | | | | | | | | | | | | | | | | |

| Indicate any foreign languages you can speak, read, and/or write | | | |
|------------------------------------------------------------------|--------|------|------|
| | FLUENT | GOOD | FAIR |
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>List professional, trade, business or civic activities and offices held. <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:</i></p> |
| |
| |

References

| |
|--------------------------------------------------------------------------------------------------------------------------------|
| <p>Give name, address and telephone number of three references who are not related to you, and are not previous employers.</p> |
| 1. |
| 2. |
| 3. |

Have you ever had any job-related training in the United States military?

Yes

No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes

No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

| | | | | | |
|----|---------------------|------------|--------------------|-------|----------------|
| 1. | Employer | | Dates Employed | | Work Performed |
| | Address | | From | To | |
| | Telephone Number(s) | | | | |
| | Job Title | Supervisor | Hourly Rate/Salary | | |
| | Reason For Leaving | | Starting | Final | |

| | | | | | |
|----|---------------------|------------|--------------------|-------|----------------|
| 2. | Employer | | Dates Employed | | Work Performed |
| | Address | | From | To | |
| | Telephone Number(s) | | | | |
| | Job Title | Supervisor | Hourly Rate/Salary | | |
| | Reason For Leaving | | Starting | Final | |

| | | | | | |
|----|---------------------|------------|--------------------|-------|----------------|
| 3. | Employer | | Dates Employed | | Work Performed |
| | Address | | From | To | |
| | Telephone Number(s) | | | | |
| | Job Title | Supervisor | Hourly Rate/Salary | | |
| | Reason For Leaving | | Starting | Final | |

| | | | | | |
|----|---------------------|------------|--------------------|-------|----------------|
| 4. | Employer | | Dates Employed | | Work Performed |
| | Address | | From | To | |
| | Telephone Number(s) | | | | |
| | Job Title | Supervisor | Hourly Rate/Salary | | |
| | Reason For Leaving | | Starting | Final | |

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

READ CAREFULLY BEFORE SIGNING

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained to this application for employment as may be necessary to arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorize executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

I agree that any claim or lawsuit relating to my service with Lucas Local School District must be filed no more than six (6) months after the date of employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

This application will be considered active for twelve (12) months from the date filed. If you are hired, it becomes part of your official employment record.

Date: _____ Signed: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER _____ DATE _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

Please complete:

Ohio Department of Public Safety – Division of Homeland Security

<http://www.homelandsecurity.ohio.gov>

Search "HLS 037 pdf" Print and complete Page 2

4/17/15