

**Southern Local School District**  
**CLASSIFIED APPLICATION**

NAME (Last, First, Middle)

DATE

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE/CELL PHONE NUMBER

CELL PHONE NUMBER

EMAIL ADDRESS:

**EMPLOYMENT DESIRED:** \*Copies of: Driver's License, BCI, FBI & Social Security Card **MUST** be provided. (Bus drivers **MUST** provide Background Check Forms.)

Check appropriate box:

☐

Full Year

☐

School Year

☐

Part-Time

☐

Substitute

Date Available for Employment:

Please Indicate Position Preferred: (Please check appropriate box.)

☐

Bus Driver

☐

Cafeteria Worker

☐

Custodian

☐

Educational Aide

☐

Secretarial

☐

Other:

Are you a High School Graduate?

Name and address of School:

**EMPLOYMENT DATA:** (begin with your current employer)

| DATES<br>FROM & TO | EMPLOYER NAME &<br>ADDRESS | DUTIES | REASON FOR<br>LEAVING | SUPERVISOR |
|--------------------|----------------------------|--------|-----------------------|------------|
|                    |                            |        |                       |            |
|                    |                            |        |                       |            |
|                    |                            |        |                       |            |
|                    |                            |        |                       |            |
|                    |                            |        |                       |            |

May we contact your present employer: \_\_\_\_\_

**PERSONAL REFERENCES:** (persons who are qualified to provide information concerning your qualifications.)

|            |                       |       |
|------------|-----------------------|-------|
| NAME/TITLE | ADDRESS/EMAIL ADDRESS | PHONE |
|------------|-----------------------|-------|

|            |                       |       |
|------------|-----------------------|-------|
| NAME/TITLE | ADDRESS/EMAIL ADDRESS | PHONE |
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|            |                       |       |
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| NAME/TITLE | ADDRESS/EMAIL ADDRESS | PHONE |
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List experiences and skills that qualify you for this position. \_\_\_\_\_

Can you perform this job without special accommodations? \_\_\_\_\_ If no, please explain.

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**Final applicants may receive a Criminal Records check for employment.**

Please complete the Release for References, and return it with your application.

Submit a resume transcript to the Southern Local Superintendent.

Your application will remain on file for six months from date of completion.

The Southern Local School District is an equal opportunity employer and is in compliance with Section 504 of the Rehabilitation Act of 1973.

**Return completed application to:**

Southern Local School District  
ATTN: Mary Alice Sigler, Superintendent  
10 E. Main Street  
Salineville, OH 45945

As an applicant for a position with the Southern Local School District, I have been asked to furnish information for use in reviewing my background and qualifications. I hereby authorize the District, person, school current or past employer, governmental body (including law enforcement agencies and licensing agencies) and any other person or entity, to provide Southern Local School District with any and all information and opinions about me, and I release all such persons and entities from any duty they may otherwise have concerning my privacy expectations and from any and all other legal liability for furnishing such information or opinions. I hereby authorize the District to inquire and verify information contained herein and the District shall not be liable for any damage which may result in my dismissal. I also understand that any misleading or untruthful statement on this application may result in my dismissal. I also understand that convictions on certain offenses may disqualify me from being hired or from continued employment. If accepted for

employment, this application will become a permanent part of the Southern Local School District personnel records.

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SIGNATURE

DATE

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Type or Print Name