

Oak Hill Union Local Schools

205 Western Avenue, Oak Hill, Ohio 45656

Phone: (740) 682-7595

CLASSIFIED POSITION APPLICATION

Date of Application:		Date of Birth:			
Name:					
Phone:	Cell Phone:		Email:		
Position Desired:					
Are you 18 years of age or older? ☐ Yes ☐ No			Are you legally able to work in the US? ☐ Yes ☐ No		
POSITION APPLYIN	NG FOR:				
□ Teacher's Aide	☐ Secretar	ry	□ Cook	□Cafeteria Aide	
□ Custodian	☐ Grounds		☐ Bus Driver	☐ Mechanic Helper	
☐ School Nurse	☐ OT Therapist		☐ Other		
Available for Substitute V	Work? □ Yes □	l No			
EDUCATION:					
High School, Trade, Business or Technical School,		l, or College Graduation Date		Diploma/Degree/Status Concentrated Area	
				Concentrate	ed Area
	TODY.				
EMPLOYMENT HIS Name and address of		Work Assignment		Reason for Leaving	Employment
Traine and address of Employer					Dates
OTHER WORK EXP	PERIENCE OR	SKILLS R	ELEVANT TO POSI	TION:	
PROFESSIONAL RE	EFERENCES:				
Name	ZI EREI (CES.		Address	Phone	Position
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I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to: a) cancel further consideration of this application; b) rescind an offer that has been made; or if I am employed, c) immediately discharge me from continued employment, waive any rights under Chapter 3319 of the Ohio Revised Code regardless of when the discovery is made and regardless of my work performance. All employees are required to have a current BCI/FBI fingerprinting/background report on file. Certain criminal convictions will/may disqualify you from employment in some or all positions.					
		Signature of Applicant			
The Oak Hill Union Local School District ensures equal educational opportunities regardless of race, color, creed, national origin, handicap, or sex in compliance with state directives and federal recommendations.					
1 2		iscriminate on the basis of sex in its educational programs, activities or al Amendments. Inquiries regarding compliance with Title IX may be directed to: Director of the Office of Civil Right Dept. of Health, Education and Welfare Washington, D.C. 20000-20525			
OFFICE USE ONLY: Date Received:	By Wh	nom:			
□ BCI/FRI Background Check	☐ State of Ohio Certificate/Lie	cense (If needed) Roard Approval Date			