Application for a Classified Position

Portsmouth City School District
Personnel Office
724 Findlay Street
Portsmouth, Ohio 45662

POSITIONS APPLYING FOR:

- ❑ **Substitute**
- ❑ **Full-Time**
- ❑ **Aide/Paraprofessional**

  Requirement for employment *(attach documentation):*
  - ❑ **I have successfully passed the State Paraprofessional Assessment Test**
  - ❑ **I have a minimum of two years of study at an institution of higher education (48 semester or 72 quarter hours)**
  - ❑ **I have an Associate (or higher) degree from an accredited institution of higher education**
- ❑ **Bus Driver**
  - ❑ **I have a CDL license w/Class B Endorsement ____ Yes ____ No**
  - ❑ **My drivers license has been suspended or revoked ____ Yes ____ No**
  - ❑ **Driver's License #_____**
- ❑ **Custodian (Please note: This is a Civil Service position for *full-time*)**
- ❑ **Food Service Worker**
- ❑ **Latchkey *(before/after school)***
- ❑ **Maintenance**
- ❑ **Secretary (Please note: This is a Civil Service position for *full-time*)**
- ❑ **Other _____**

PERSONAL DATA:

Name: _____
Last **First** **Middle**

Address: _____
Street and Number

_____
City, State, Zip Code

Phone/Home: (_____) _____

Cell: (_____) _____

Social Security # _____

E-mail: _____

Are you a U.S. Citizen? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No

Have you ever been employed by Portsmouth City Schools? ____Yes ____No

If yes, indicate dates: From _____ To _____

Last Job Held: _____ **Date:** _____

When would you be available for employment? _____

To the applicant:

Filing of this application implies the acceptance of the Rules and Regulations of the Portsmouth City Board of Education, the Statutes of Ohio, and the laws of the United States.

After a review of the completed application form, credentials, and references, candidates in those positions where vacancies are anticipated may be requested to appear for a personal interview.

Before you are considered for employment, you must have on file a current (less than a year old) state and FBI background check.

Your application will remain on file for two calendar years.

Renewal Dates: (1) _____ (2) _____ (3)_____ (4) _____

EDUCATION:

School	Year Graduated	Degree	Name and Location of Institution	Total Semester Hours	Bachelors Degree Hours	Masters Degree Hours	Hours Beyond Masters
High School							
College or University							
Additional Training							

WORK EXPERIENCE: (List most recent first)

Employer	Address	Your Job Title	Duties	Full-Time	Part-Time	Dates Employed

Have you ever collected workers' compensation benefits for an occupational injury? _____ Yes _____ No

If yes, give details: _____

_____

ADDITIONAL ACTIVITIES:

Activity	Yes	No	N/A
Can you play the piano?			
Do you have computer skills?			
Can you supervise student activities?			
Do you have other skills? If so, please list below:			
Are you willing to direct, coach, or supervise an extra-curricular activity? If so, please list below:			

MILITARY SERVICE:

Length of Service: _____ Years _____ Months _____ Days

Induction Date: _____ Separation Date: _____ Branch: _____

REFERENCES: (List applicable names of individuals capable of judging your competence or potentiality.

Name	Position	Telephone Number (include area code)	Complete Address

Have you ever been convicted of any traffic violations? _____ Yes _____ No If yes, give details (include dates & state):

_____

_____

Have you ever been convicted of a felony or a misdemeanor? _____Yes _____ No If yes, give details: _____

_____

_____

Have you ever been discharged or requested to resign from a position? _____Yes _____No

If yes, give details: _____

_____

Reason for leaving present or last position: _____

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts in the above employment application are true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my previous employment.

_____ _____

Signature of Applicant **Date**

Equal Employment Opportunities are offered regardless of race, color, national origin, religion, age, sex and disability.

Return this application to:

Portsmouth City School District
Attn: Personnel Office
724 Findlay Street
Portsmouth, Ohio 45662
(740) 354-4239