



Hardin Northern Local School
11589 St. Rt. 81
Dola, Oh 45835

CLASSIFIED APPLICATION

Full time_____

Date of Application_____

Substitute_____

Supplemental Position_____

Please check preference:

_____ Cafeteria

_____ Bus Driver

_____ Secretarial

_____ Custodial

_____ Educational Aide

_____ Coach/Advisor # of Yrs. Coaching/Advisor @ HN_____ @ Other District_____

Level of Coaching/Advisor @ HN_____ Level of Coaching/Advisor @ Other District_____

NAME_____ TELEPHONE_____

ADDRESS_____ CITY/STATE/ZIP_____

Day Available_____ Best time to call_____

EMPLOYMENT HISTORY (list most recent employer first)

(1)Employer_____

(2)Employer_____

Address_____

Address_____

Position_____

Position_____

Date of Employment_____

Date of Employment_____

(3)Employer_____

(4)Employer_____

Address_____

Address_____

Position_____

Position_____

Date of Employment_____

Date of Employment_____

EDUCATION

High School Attended_____

Dates Attended_____ Graduated_____

College/Technical School_____

Dates Attended_____ Graduated_____

Degree/Licensure_____

WORK HISTORY

Give an account of the training or experience which you feel qualifies you for a classified position with the Hardin Northern Local School District.

REFERENCES

<u>Name</u>	<u>Address/City/State/Zip</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had your driver's license **suspended, revoked, or withheld**? Yes _____ No _____

If yes, please explain nature and date of (s) of occurrence(s): _____

Have you ever been **investigated, disciplined, or convicted** of any of the following: Yes _____ No _____

If you answered yes, please mark below as to which offense(s).

___ Felony ___ Misdemeanor(that would be a felony on the second offense) ___ any Sex Offense

___ any Offense of Violence ___ any Theft Offense ___ any Drug Offense

If yes, please explain nature and date(s) of occurrence(s): _____

Do you have any medically diagnosed health condition(s) which might need special accommodations for performing the position for which you are applying? Yes _____ No _____

If yes, please explain work limitations: _____

I further understand that falsification of any and all information on this application shall result in my being disqualified from employment or in my employment being terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.

Signature _____ Date _____

CLASSIFIED APPLICATION

I acknowledge being informed that, as precondition to employment, in the position for which I am applying, I must in accordance with Ohio law both provide a set of fingerprints and satisfactorily pass a criminal records check if I come under final consideration for employment.

I represent that all information furnished in connection with this application is true and accurate to the best of my knowledge. I further recognize that, should the employer discover that I have falsified any such information, I will not be hired or if already hired, will be subject to termination from employment on that ground.

Signature _____ Date _____

The Hardin Northern Local School District provides equal employment opportunities to all people without regard to religion, race, color, national origin, sex, disability, military status, ancestry, or age.

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.