



CLASSIFIED EMPLOYEES APPLICATION

EQUAL OPPORTUNITY EMPLOYER

**MADISON LOCAL SCHOOLS
1379 GRACE STREET
MANSFIELD, OHIO 44905
(419) 589-2600**

Name: _____
last first middle initial

Date: _____

Address: _____ Zip _____ Telephone: _____

Date available to begin working: _____

POSITION APPLYING FOR:

____ Bus Driver ____ Bus Mechanic ____ Cafeteria ____ Custodial ____ Library Aide ____ Teacher Aide
____ Maintenance ____ Secretary ____ Other – Specify

EDUCATION COMPLETED:

____ Elementary ____ High School ____ College ____ two-year College

List any experiences, skills or qualifications which you feel would qualify you for this work:

MILITARY EXPERIENCE:

Dates: _____ No. of years/months: _____

WORK EXPERIENCE:

List present and past employment (include phone #'s) and duties performed:

Reason for leaving:

_____	_____
_____	_____
_____	_____
_____	_____

EMPLOYMENT REFERENCES:

THE MADISON LOCAL SCHOOLS ARE COMMITTED TO A POLICY OF NONDISCRIMINATION IN RELATION TO RACE, COLOR, SEX, RELIGION, AGE, HANDICAP, OR NATIONAL ORIGIN.

CONSENT TO THE RELEASE OF INFORMATION

The undersigned, having applied for employment with the Madison Local Board of Education hereby agrees to be fingerprinted and understands that his/her fingerprints, name, address, date of birth and social security number will be submitted to the State of Ohio, Bureau of Criminal Identification and Investigation (B.C.I.).

I hereby consent to the release of all information concerning me on file with the B.C.I. to the Madison Local Board of Education for the purpose of determining my eligibility for employment by the board and I hereby waive, release and relinquish any claim that I might have arising out of release of this information against the State of Ohio or the Madison Local Board of Education or the agents or employees of either.

WARNING! THIS IS A CONSENT TO THE RELEASE OF CONFIDENTIAL INFORMATION ABOUT ME. READ CAREFULLY BEFORE SIGNING.

FALSIFICATION OF INFORMATION ON THIS APPLICATION IS CAUSE FOR REJECTION OF THE APPLICATION OR DISCHARGE, EVEN IF DISCOVERED AFTER HIRING.

Signed in the presence of: _____

SIGNATURE

NAME (PLEASE PRINT)

STREET ADDRESS

CITY AND STATE ZIP CODE