

WILLIAMSBURG LOCAL SCHOOL DISTRICT
549-A West Main Street, Williamsburg, Ohio 45176-1197



Telephone Numbers:

(513) 724-3077 – Superintendent's Office

(513) 724-7970 – Treasurer's Office

Facsimile Number:

(513) 724-1504 – Superintendent's & Treasurer's Office

Employment Application – 'Classified Position'

Applicant's Full Name: _____

Contact #'s: Home Telephone (___) ___ - ___ Cellular Number: (___) ___ - ___

Applicant's Address: _____

Position Applying for [check all that apply]:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Administrative Assistant
[Full Time Position] | <input type="checkbox"/> Cafeteria Staff
[Full Time Position] | <input type="checkbox"/> Custodial Staff
[Full Time Position] | <input type="checkbox"/> Educational Aide
[Full Time Position] |
| <input type="checkbox"/> Administrative Assistant
[Substitute Position] | <input type="checkbox"/> Cafeteria Staff
[Substitute Position] | <input type="checkbox"/> Custodial Staff
[Substitute Position] | <input type="checkbox"/> Educational Aide
[Substitute Position] |
| <input type="checkbox"/> Bus Driver * / **
[Full Time Position] | <input type="checkbox"/> Bus Driver * / **
[Substitute Position] | * Do you have a Commercial Driver's License? Yes / No
** Do You Have a School Bus Driver Endorsement? Yes / No
If Yes, Attach copies. | |
| <input type="checkbox"/> Other Position (specify): _____ | | | |

Highest level of education attained:

- High School Diploma Some College /Years Attended: _____ Degree Obtained: _____

Are you presently employed? Yes or No

If Yes, Name of individual or Firm: _____ Telephone Number: _____

Complete Address of Employer: _____

Classification/Duties: _____

May we contact your current employer? Yes or No Contact's Name/Title: _____

List last three (3) places of employment:

Employer _____	Telephone Number _____
Employer's Address _____	Dates of Employment Period: _____
Employer _____	Telephone Number _____
Employer's Address _____	Dates of Employment Period: _____
Employer _____	Telephone Number _____
Employer's Address _____	Dates of Employment Period: _____



List Three (3) Personal References:

Individual's Name: _____ Contact's Number [Work or Home] _____

Business/Personal Association: _____ Years Acquainted: _____

Individual's Name: _____ Contact's Number [Work or Home] _____

Business/Personal Association: _____ Years Acquainted: _____

Individual's Name: _____ Contact's Number [Work or Home] _____

Business/Personal Association: _____ Years Acquainted: _____



I understand that if I am *considered* for a position with the Williamsburg Local School District I will be **required** to produce the following documentation before recommendation to hire is presented to the

Board of Education:

* B.C.I.I.

* FBI Background Check

* Negative TB Test Result

* In order for documentation to be **valid must be dated** within the last 365 days from the proposed date of hire.

I may also be subject to a pre-employment exam.

I affirm that all the statements made by me in this application are true, complete and correct to the best of my knowledge and that I am aware that any false statements will be sufficient cause for rejection or dismissal.

Applicant Signature: _____ Date: _____

NOTE: APPLICATIONS WILL REMAIN ON FILE AND ACTIVE FOR ONE (1) YEAR OR UNTIL APPLICANT ACCEPTS EMPLOYMENT.