

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



Telephone Numbers:

(513) 724-2211 #9225 – Superintendent's Office

(513) 724-2211 #9228 – 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<br>[Full Time Position]  | <input type="checkbox"/> Cafeteria Staff<br>[Full Time Position]    | <input type="checkbox"/> Custodial Staff<br>[Full Time Position]                                                                                   | <input type="checkbox"/> Educational Aide<br>[Full Time Position]  |
| <input type="checkbox"/> Administrative Assistant<br>[Substitute Position] | <input type="checkbox"/> Cafeteria Staff<br>[Substitute Position]   | <input type="checkbox"/> Custodial Staff<br>[Substitute Position]                                                                                  | <input type="checkbox"/> Educational Aide<br>[Substitute Position] |
| <input type="checkbox"/> Bus Driver * / **<br>[Full Time Position]         | <input type="checkbox"/> Bus Driver * / **<br>[Substitute Position] | * Do you have a Commercial Driver's License? Yes / No<br>** Do You Have a School Bus Driver Endorsement? Yes / No<br><b>If Yes, Attach copies.</b> |                                                                    |

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

\* 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.