



510 SOUTH COURTRIGHT STREET PO BOX 305 MCGUFFEY, OH 45859  
PHONE: 419-757-3231 • FAX: 419-757-0135

**CLASSIFIED APPLICATION**

Full time\_\_\_\_\_

Date of application\_\_\_\_\_

Substitute\_\_\_\_\_

***Please check preference:***

\_\_\_\_\_ Cafeteria

\_\_\_\_\_ Bus Driver

\_\_\_\_\_ Secretarial

\_\_\_\_\_ Custodial

\_\_\_\_\_ Educational Aide

\_\_\_\_\_ Maintenance

NAME\_\_\_\_\_ TELEPHONE\_\_\_\_\_

ADDRESS\_\_\_\_\_ CITY/STATE/ZIP\_\_\_\_\_

EMAIL\_\_\_\_\_

Day Available\_\_\_\_\_ Best time to call\_\_\_\_\_

**EMPLOYMENT HISTORY** (list most recent employer first)

**Employer      Address/City/State/Zip      Position      Dates of Employment**

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**EDUCATION**

**High School Attended      Dates Attended/Graduated**

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**College/Technical      Dates Attended/Graduated      Degree/Licensure**

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**WORK HISTORY**

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

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**REFERENCES**

**Name      Address/City/State/Zip      Telephone**

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Have you ever had your driver's license **suspended, revoked, or withheld**?  
YES \_\_\_\_\_ NO \_\_\_\_\_

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

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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 \_\_\_\_\_

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

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**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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date