

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.

REFERENCES

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

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

Printed Name

Date

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