



Sheffield-Sheffield Lake City Schools
Application for Employment
Classified Application

1824 Harris Road
 Sheffield, Ohio 44054
 (440) 949-6181
An Equal Opportunity Employer

Name (Last, First, Middle)		Date of Application
Address	City, State	Zip
Years At Above Address	Phone (Permanent) Phone(Temporary)	Email Address
Social Security Number	Position Desired:	Date Available:
Referral Source <input type="checkbox"/> Newspaper <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee Referral <input type="checkbox"/> Other: (Specify)		
Have you ever applied for a position with the school district? <input type="checkbox"/> No <input type="checkbox"/> Yes (When):		
Have you ever been employed by the school district? <input type="checkbox"/> No <input type="checkbox"/> Yes (When, Position):		
Are you currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes (Where):		
Do you have a relative working for the school district? <input type="checkbox"/> No <input type="checkbox"/> Yes (Who, Relationship):		

Education Data				
School	Print Name, Number & Street, City, State and Zip	Number of Years Completed	Degree	Major Course of Study
High School				
College				
Trade, Business, Night or Correspondence School				
Other				

In the following spaces, give a complete record of your employment experience in similar positions, if any. Begin with the most recent experience and work back. Use additional paper if necessary.

Employment Experience 1		
Employer	Address	Phone
Duties/Job titles		Years Employed
Starting Salary (Wage)	Immediate Supervisor	May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Final Salary (Wage)		If you worked under a previous name what was it?

Employment Experience 2

Employer	Address	Phone
Duties/Job titles		Years Employed
Starting Salary (Wage)	Immediate Supervisor	May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Final Salary (Wage)		If you worked under a previous name what was it?

Employment Experience 3

Employer	Address	Phone
Duties/Job titles		Years Employed
Starting Salary (Wage)	Immediate Supervisor	May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Final Salary (Wage)		If you worked under a previous name what was it?

Employment Experience 4

Employer	Address	Phone
Duties/Job titles		Years Employed
Starting Salary (Wage)	Immediate Supervisor	May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Final Salary (Wage)		If you worked under a previous name what was it?

References

List three—DO NOT INCLUDE relatives or former employers

Name	Address	Phone	Known how Long?

General Information

If employment is offered, can you submit a birth certificate, social security card, certificate of US citizenship or verification of your legal right to work in the U.S. No Yes

If employment is offered can you produce personal identification such as a U.S. passport, a driver's license or photographic identification card issued by the state? No Yes

Are you over 18 years of age? No Yes

Have you ever been convicted of a felony? No Yes (If yes, explain):

Applicant's Statement

I hereby affirm that the information on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities. I agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event I am hired.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by the law.

Signature of Applicant

Date

In Case of Emergency or Accident

Whom shall we notify?

1	Name/Relationship	Address
	Home Phone	Work Phone
2	Name/Relationship	Address
	Home Phone	Work Phone