

CLASSIFIED APPLICATION FOR EMPLOYMENT



Name: _____
 (last) (first) (middle initial)

Mailing Address: _____

Residence Address: _____

Loudonville-Perrysville Exempted Village Schools
 210 E Main St., Loudonville, Ohio 44842-1304
 Telephone: (419) 994-3912; Fax: (419) 994-5528
 www.lpschools.k12.oh.us

Social Security No.: _____

U.S. citizen: Yes No
 If no, can you provide proof that you are
 legally eligible for employment in the U.S.? Yes No

Home Telephone: _____

Work/message phone: _____

Title/Location of position for which you are applying: _____

- ✓ This application must be completed in full. **Your failure to sign your application or to respond to the criminal background questions will result in the nonacceptance of your application.**
- ✓ Because the scheduling of interviews and examinations of applicants is based upon data furnished in this application, it should be current and thorough. Incomplete information regarding your education, training, or work experience may result in your not being called for an interview and/or a reduced rating score. Please attach additional pages if needed.
- ✓ **Resumes are accepted but cannot be used as a substitute for any section of this application.**
- ✓ **A separate application is required for each position for which you apply.**

Educational and Vocational Training		
Name and Location of Institution	Subject Areas	Degree/Diploma
High School or GED (please state highest grade completed)		
Vocational Training		
Undergraduate College Work		
Graduate College Work		

Application received:

The Loudonville-Perrysville Exempted Village School District (LPEVSD) does not discriminate on the basis of race, color, national origin, sex, age, or disability in admission or access to, or treatment or employment in, its programs and activities. Applicants, students, parents, employees, referral agencies, and all unions or professional organizations holding collective bargaining or professional agreements with the LPEVSD are hereby notified. Any person with concerns regarding LPEVSD's compliance with the regulations implementing Title IV, Title IX, Section 504, or the American's with Disabilities Act (ADA) is directed to contact the Ohio Equal Opportunity Division 30 East Broad St., 13th Floor, Columbus, Ohio 43205-1379; Telephone (614) 466-8380; Fax (614) 644-1795

REFERENCES

List three professional references, other than relatives, who have direct knowledge of your character, work experience, and abilities. At least one should be a previous supervisor.

Name/Title	Mailing Address	Telephone

EMPLOYMENT HISTORY

Include all jobs within the past ten years. Give earlier job history if pertinent to the position for which you are applying. Start with your most recent job first.

Employed (month/year) From: _____ To: _____	Employer:
Hours per week:	Address:
Salary:	Supervisor: _____ Telephone: _____
Job Title:	Reason for Leaving:
Duties:	

Employed (month/year) From: _____ To: _____	Employer:
Hours per week:	Address:
Salary:	Supervisor: _____ Telephone: _____
Job Title:	Reason for Leaving:
Duties:	

Employed (month/year) From: _____ To: _____	Employer:
Hours per week:	Address:
Salary:	Supervisor: _____ Telephone: _____
Job Title:	Reason for Leaving:
Duties:	

Employed (month/year)		Employer:	
From:	To:	Address:	
Hours per week:	Address:		
Salary:	Supervisor:	Telephone:	
Job Title:	Reason for Leaving:		
Duties:			

Employed (month/year)		Employer:	
From:	To:	Address:	
Hours per week:	Address:		
Salary:	Supervisor:	Telephone:	
Job Title:	Reason for Leaving:		
Duties:			

Employed (month/year)		Employer:	
From:	To:	Address:	
Hours per week:	Address:		
Salary:	Supervisor:	Telephone:	
Job Title:	Reason for Leaving:		
Duties:			

Employed (month/year)		Employer:	
From:	To:	Address:	
Hours per week:	Address:		
Salary:	Supervisor:	Telephone:	
Job Title:	Reason for Leaving:		
Duties:			

JOB QUALIFICATIONS

Please check the areas in which you are qualified through work experience, education, and/or training.

Computers					Rate your proficiency level:		Secretarial/Clerical		Miscellaneous				
	None	Min.	Good	Expert	<input type="checkbox"/> Data Entry		<input type="checkbox"/> 10-key	<input type="checkbox"/> Library Media					
IBM/IBM compatible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Typing: _____ wpm			<input type="checkbox"/> Reading					
Database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business/Finance			<input type="checkbox"/> School Nurse					
Desktop Publishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Accounting		<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Sign Language/ Interpreting Skills					
Internet/E-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Accounts Payable		<input type="checkbox"/> Cashier/teller	<input type="checkbox"/> Special Education					
Presentation software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Accounts Receivable		<input type="checkbox"/> Grants	<input type="checkbox"/> Teacher Applicant					
Web editing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carpentry			Building Mechanical					
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cabinet Making		<input type="checkbox"/> Roofing Repair	<input type="checkbox"/> Airhandling Systems					
Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ceramic Tile		<input type="checkbox"/> Woodfinishing Painting	<input type="checkbox"/> Boiler Maintenance					
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Custodial			<input type="checkbox"/> Locksmith					
					<input type="checkbox"/> Commercial Cleaning		<input type="checkbox"/> Parts Inventory	<input type="checkbox"/> Plumber/Pipefitter					
					<input type="checkbox"/> Carpet care/installation _____ yrs. exp.		<input type="checkbox"/> Grounds Maintenance	<input type="checkbox"/> Rotating Machinery					
					<input type="checkbox"/> Minor Maintenance			<input type="checkbox"/> Water Handling Systems					
Heating/Ventilation					Electrician		Warehousing		Maintenance				
<input type="checkbox"/> Direct Digital Control					<input type="checkbox"/> Construction			<input type="checkbox"/> Commercial Driving	<input type="checkbox"/> Parts Inventory	<input type="checkbox"/> Bldg. Preventative Maintenance			
<input type="checkbox"/> Electrical Control					<input type="checkbox"/> Control Systems			<input type="checkbox"/> Heavy Delivery	<input type="checkbox"/> Parts Procurement	<input type="checkbox"/> Electrical Systems			
<input type="checkbox"/> Installation					<input type="checkbox"/> Maintenance			<input type="checkbox"/> Parts Expeditor					
<input type="checkbox"/> Pneumatic Control					Electronics		Vehicle/equipment Repair		<input type="checkbox"/> HVAC Systems				
<input type="checkbox"/> Maintenance					<input type="checkbox"/> A/V Repair			<input type="checkbox"/> Appliance Repair	<input type="checkbox"/> Small Engine Repair	<input type="checkbox"/> Water Systems			
Student Activities					<input type="checkbox"/> Computer Repair					<input type="checkbox"/> Auto Repair		List all licenses, permits, certificates and endorsements you hold:	
					<input type="checkbox"/> Fire Alarms					<input type="checkbox"/> Truck Repair			
					<input type="checkbox"/> Public Address								

CERTIFICATE OF APPLICANT

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and belief, and I have not knowingly withheld any fact or circumstance. I understand any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application or my removal from employment. I authorize the LPEVSD to make an inquiry as to my character, general reputation, personal characteristics, previous employers, education background, current and previous residence locations for the past 5 years, military service, and conviction records. I authorize any former or current employer, person, firm, corporation, school, college, or governmental agency to give the LPEVSD pertinent information they may have regarding me. This authorization shall remain in effect during the course of my employment with the LPEVSD for the purpose of verifying any information contained in my employment application. In consideration of the LPEVSD review of this application, I release the LPEVSD and all providers of information from any liability as a result of furnishing, receiving, and relying on this information. My signature below constitutes a waiver of any rights I may have to inspect and review confidential references and all other materials requested and/or submitted on a confidential basis regarding this application. I understand employment with the LPEVSD requires the approval of the superintendent, and that employment offers are made only by the superintendent and must be ratified by the School Board.

Date

Signature of Applicant