

**Southern Local School District**

**CLASSIFIED APPLICATION**

\_\_\_\_\_  
NAME (Last, First, Middle)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
CELL PHONE NUMBER

EMAIL ADDRESS: \_\_\_\_\_

**EMPLOYMENT DESIRED:** \*Copies of: Driver's License, BCI, FBI & Social Security Card **MUST** be provided. (Bus drivers **MUST** provide Background Check Forms.)

Check appropriate box:

Full Year

School Year

Part-Time

Substitute

Date Available for Employment: \_\_\_\_\_

Please Indicate Position Preferred: (Please check appropriate box.)

Bus Driver

Cafeteria Worker

Custodian

Educational Aide

Secretarial

Other: \_\_\_\_\_

Are you a High School Graduate? \_\_\_\_\_

Name and address of school: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT DATA:** (begin with your current employer)

DATES FROM & TO	EMPLOYER NAME & ADDRESS	DUTIES	REASON FOR LEAVING	SUPERVISOR

May we contact your present employer: \_\_\_\_\_

**PERSONAL REFERENCES:** (persons who are qualified to provide information concerning your qualifications)

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NAME/TITLE ADDRESS/EMAIL ADDRESS PHONE

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NAME/TITLE ADDRESS/EMAIL ADDRESS PHONE

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NAME/TITLE ADDRESS/EMAIL ADDRESS PHONE

List experiences and skills that qualify you for this position. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you perform this job without special accommodations? \_\_\_\_\_ If no, please explain. \_\_\_\_\_

\_\_\_\_\_

**Final applicants may receive a Criminal Records check for employment.**

Please complete the Release for References, and return it with your application.

Submit a resume transcript to the Southern Local Superintendent.

Your application will remain on file for six months from date of completion.

The Southern Local School District is an equal opportunity employer and is in compliance with Section 504 of the Rehabilitation Act of 1973.

**Incomplete applications will not be considered.**

**Return completed application to:**

Southern Local School District  
ATT: Thomas Cunningham, Superintendent  
38095 State Route 39  
Salineville, OH 43945-9726

As an applicant for a position with the Southern Local School District, I have been asked to furnish information for use in reviewing my background and qualifications. I hereby authorize the District, person, school current or past employer, governmental body (including law enforcement agencies and licensing agencies) and any other person or entity, to provide Southern Local School District with any and all information and opinions about me, and I release all such persons and entities from any duty they may otherwise have concerning my privacy expectations and from any and all other legal liability for furnishing such information or opinions. I hereby authorize the District to inquire and verify information contained herein and the District shall not be liable for any damage which may result from such inquiry or verification. I understand that any misleading or untruthful statement on this application may result in my dismissal. I also understand that convictions on certain criminal offenses may disqualify me from being hired or from continued employment. If accepted for employment, this application will become a permanent part of the Southern Local School District personnel records.

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SIGNATURE

DATE

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Type or Print Name

**RELEASE FOR REFERENCES FORM**

**Authorization to Release Information**

As an applicant for a position with the Southern Local School District, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize any person, school current, or past employer, governmental body (including law enforcement agencies and licensing agencies), and any other person or entity, to provide Southern Local School District with any and all information and opinions about me, and I release all such persons and entities from any duties they may otherwise have concerning my privacy expectations and from any and all other legal liability for furnishing such information or opinions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address  
  
\_\_\_\_\_