

APPLICATION FOR EMPLOYMENT

TO CLASSIFIED POSITION

AN EQUAL OPPORTUNITY EMPLOYER

**DOVER CITY SCHOOL DISTRICT  
BOARD OF EDUCATION**

219 WEST SIXTH STREET  
DOVER, OHIO 44622

Date of Application \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_  
(Street) (City, State) (Zip Code)

Number of years at above address: \_\_\_\_\_

Telephone Number: (Check which preferred) \_\_\_\_\_ Home: \_\_\_\_\_  
\_\_\_\_\_ Cell: \_\_\_\_\_

**NOTICE: CAFETERIA WORKERS, CUSTODIANS/MAINTENANCE WORKERS AND SECRETARIAL POSITIONS REQUIRE PASSING A CIVIL SERVICE TEST.**

Position Applying for: \_\_\_\_\_ Bus Driver \_\_\_\_\_ Cafeteria Worker  
\_\_\_\_\_ Custodian/Maintenance \_\_\_\_\_ Educational Aide  
\_\_\_\_\_ Secretarial \_\_\_\_\_ Other: \_\_\_\_\_  
(Specify)

Date Available: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Online Job Posting \_\_\_\_\_ Employee Referral  
\_\_\_\_\_ Walk-in applicant \_\_\_\_\_ Other: \_\_\_\_\_  
(Specify)

Have you ever applied for a position with the school district?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", when? \_\_\_\_\_

Have you ever been employed by the school district?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", when? \_\_\_\_\_

Are you currently employed?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", where? \_\_\_\_\_

**EDUCATION DATA**

School	Print Name, Street, City, State and Zip Code	No. of Years Completed	Degree	Major Course of Study
High School				
College				
Trade or Career Technical School				
Other				

In the following spaces give a complete record of your employment history, including periods of unemployment, if any. Begin with most recent employment and work back.

**EMPLOYMENT HISTORY**

Employer:	Employed: From _____ Mo/Yr To _____ Mo/Yr	Starting position:
Address:		Last position:
Telephone:		Other positions held:
Duties:	Immediate supervisor:	
Starting Salary (Wage):	Final Salary (Wage):	

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Duties:	Immediate supervisor:	
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**ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY**

May we contact your employer(s)? Present Employer:  Yes  No  
Previous Employer(s):  Yes  No

Please identify any exceptions and reasons for not contacting: \_\_\_\_\_  
\_\_\_\_\_

**MILITARY EXPERIENCE**

Have you ever served in the U.S. Armed Forces?  Yes  No

Describe any special job-related training received: \_\_\_\_\_  
\_\_\_\_\_

**OTHER SPECIAL SKILLS**

Describe any other special job-related skills or qualifications that would support your application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>PROFESSIONAL REFERENCES:</b> Please list three; do not include relatives			
Name	Address	Phone Number	How Long Known

IN CASE OF EMERGENCY OR ACCIDENT, whom shall we notify?

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

