

**BUCKEYE LOCAL SCHOOL DISTRICT**  
**ADMINISTRATIVE OFFICES**  
6899 State Highway 150  
Dillonvale, Ohio 43917  
Phone: (740) 769-7395 ~ 598-4160 ~ 546-4900

PLEASE PRINT

Name of Applicant \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Permanent Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number - Home \_\_\_\_\_ Work Number \_\_\_\_\_  
(Area Code) (Area Code)

Birthdate: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**POSITION APPLIED FOR: (Please check)**

- |                |                          |                |                          |
|----------------|--------------------------|----------------|--------------------------|
| A. Maintenance | <input type="checkbox"/> | E. Aide        | <input type="checkbox"/> |
| B. Custodian   | <input type="checkbox"/> | F. Cook        | <input type="checkbox"/> |
| C. Secretary   | <input type="checkbox"/> | G. Summer Help | <input type="checkbox"/> |
| D. Bus Driver* | <input type="checkbox"/> |                |                          |

\*Applicants for bus driver position must have a valid Ohio Drivers CDL License: CDL License# \_\_\_\_\_

**BUS DRIVER APPLICANTS ONLY:**

1. Have you ever been charged with, arrested for, or convicted of any minor traffic violation? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

2. Have you had past experience driving a bus or other large vehicle? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**PERSONAL DATA:**

- |   |            |           |
|---|------------|-----------|
| 1. Will you accept work as a substitute?                              | Yes: _____ | No: _____ |
| 2. Are there any conditions that may limit your working capabilities? | Yes: _____ | No: _____ |
| 3. Have you ever been convicted of a felony?                          | Yes: _____ | No: _____ |
| 4. Are you presently employed?  | Yes: _____ | No: _____ |

If yes, why do you wish to leave your present position? \_\_\_\_\_

\_\_\_\_\_

**OFFICE RECORD (Not to be completed by applicant)**

Date Received \_\_\_\_\_

Reviewed by \_\_\_\_\_

Interviewed by \_\_\_\_\_

Date Interviewed \_\_\_\_\_

References Sent (Date) \_\_\_\_\_

References Received (Date) \_\_\_\_\_

Date Employed (If Applicable) \_\_\_\_\_

**EDUCATION:** (List schools attended starting with the most current)

<u>School</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Check if Graduated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employment:** (List places where you have had full or part-time employment starting with the most current employer)

<u>Employer</u>	<u>Location</u>	<u>Dates</u>	<u>Type of Work</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**References:** (Five references MUST be listed to be considered for employment. Excluding family members.)

<u>Name</u>	<u>Title</u>	<u>Phone No.</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TO BE COMPLETED BY ALL APPLICANTS:**

Please discuss experience you have had in the field for which you are applying which would qualify you for this position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interviews may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of the Buckeye Local Schools Board of Education that the best qualified applicant shall be selected for each position without regard to race, color, religion, national origin, age, sex, marital status, political affiliation or disabling conditions. No person shall be denied employment solely because of any impairment which is related to the ability in activities involved in the position or program for which application is made.