



Tuscarawas Valley Local School District

2637 Tusky Valley Rd NE
Zoarville, OH 44656-9692
Phone 330.859.2213
Fax 330.859.2706

CLASSIFIED APPLICATION

Revised 8.2019

PERSONAL INFORMATION

TITLE	FIRST NAME	MIDDLE NAME	LAST NAME	RECEIVED
PRESENT ADDRESS			PHONE <input type="checkbox"/> Cell <input type="checkbox"/> Home	ALTERNATE PHONE <input type="checkbox"/> Cell <input type="checkbox"/> Home
CITY, ZIP			EMAIL ADDRESS	
PERMANENT ADDRESS (IF SAME AS ABOVE, LEAVE BLANK AND CHECK HERE <input type="checkbox"/>)			ARE YOU A US CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, ZIP			IF NOT, DO YOU INTEND TO BECOME A CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION INFORMATION

POSITION(S) FOR WHICH YOU ARE APPLYING (Check all that apply) <input type="checkbox"/> Aide <input type="checkbox"/> Mechanic <input type="checkbox"/> Bus Driver <input type="checkbox"/> Full Time <input type="checkbox"/> Cashier <input type="checkbox"/> Part Time <input type="checkbox"/> Cook <input type="checkbox"/> Substitute <input type="checkbox"/> Custodian <input type="checkbox"/> Coach <input type="checkbox"/> Monitor <input type="checkbox"/> Summer Temporary <input type="checkbox"/> Secretary	AVAILABLE START DATE
	DESIRED SALARY
	REASON(S) YOU ARE APPLYING
DO YOU HAVE THE ABILITY TO PERFORM ALL ESSENTIAL FUNCTIONS OF THIS POSITION WITH OR WITHOUT REASONABLE ACCOMMODATION(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No	REFERRED BY
FRIENDS OR RELATIVES EMPLOYED BY THIS DISTRICT	QUALIFICATIONS FOR POSITION(S) DESIRED

WORK EXPERIENCE

Employer	Position	Dates	Salary	Reason for Leaving

EDUCATION

	Name of School	Area of Study	Dates
High School			
Advanced Training			
Trade School/College			

REFERENCES

Name	Address	Phone	Work/School

CERTIFICATION

I hereby certify that answers on this application are true and correct to the best of my knowledge and belief, and that any deliberate misrepresentation of fact contained herein may be grounds for invalidating my contract commitments resulting from this application. I understand that my employment will be subject to the laws of the State of Ohio and to the job descriptions and policies adopted by the Tuscarawas Valley Local Board of Education.

The Tuscarawas Valley Local School District Board of Education does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment, or the provision of services.

SIGNATURE

DATE

IMPORTANT INFORMATION

Applicants for part-time or full-time positions with the Tuscarawas Valley Local School District are required to submit current, valid BCI and FBI reports prior to employment. Fingerprinting will be paid for by the applicant and can be obtained through the East Central Ohio Educational Service Center (834 E. High Ave., New Philadelphia; 330.308.9939).

Before being called as a substitute in the position of Aide, applicants are also required to obtain an Educational Aide Permit through the Ohio Department of Education in Columbus.

All substitutes are required to job shadow positions listed on this application. Please contact the building principal to make arrangements for shadowing your position(s) at whatever location is most convenient. It is not necessary to shadow in more than one location prior to being called as a substitute employee.

READ CAREFULLY

Due to the length of time required for completion of the records check, it may occasionally be necessary to employ a person prior to the Board of Education having received the results of the criminal records investigation. In these cases, the Board of Education shall rely on the applicant information provided in the employment application. However, by signing this document, I specifically agree that if I am employed by the Board of Education prior to its receipt of a response from BCI/FBI, my employment shall be contingent upon subsequent receipt by the Board of Education of a report from BCI/FBI which is consistent with my answer to the above question. In the event I have been employed prior to the Board of Education having received a report from BCI/FBI, and a subsequent report from BCI/FBI is received which is inconsistent with my answer to the above question, I specifically agree that the action of the Board of Education employing me shall be void without any further act by either party, and that my employment will terminate immediately without the necessity of proceedings to formally terminate my contract of employment.

SIGNATURE

DATE

Applications will be kept on file for two (2) years from date of receipt.