

Steubenville City Schools Administration Office 611 North Fourth Street Steubenville, Ohio 43952

Notice: When application is submitted to Steubenville City Schools, it becomes public record and may be reviewed by the Public, including news media

Application For Employment Non-Certificated

APPLICANT: Please print plainly. A clear understanding of your background and work history will aid us in placing you in a position that best meets your qualification.

Personal

		Date:		
Applicant's Full Name	2			
	(Last)	(First)		(M.I.)
Current Address				
	(Street)	(City)	(State)	(Zip)
How long have you li	ved at current address?			
Previous Address			How Long?	
Gelephone				
(Home) (Cell)	(Other)	
Are you authorized to under present immig	o work in the United States gration laws?	ΝΟ		
	osition for which you wish t			
late of pay expected	per week: \$	Would you work 1	full-time: YES	
		Would you work	part-time: YES	
ist any relatives wor	king for us:			
On what date would y	you be available for work?			
		MM/DD/Y ava	ilable for employmen	t.

There are State and Federal laws that disqualify an individual from employment based on their BCI and FBI background check. https://www.ohioattorneygeneral.gov/backgroundcheck

Military Experience

Branch of Service	Occupational Specialist (MOS)	Inclusive Dates	Type of Discharge

Education

School	Name and Address of School	Course of Study	Did You Graduate?	Diploma or Degree
High				
College				
Other				

Please list any equipment, software or office machines that you can use that may be relevant to the position:

References

Name and Occupation	Address	Telephone

Employment Record

List Below all present and past employment beginning with your most recent

Name and Address of Company and Type of Business	From Mo./Yr.	To Mo./Yr.	Type of Work	Reason for Leaving

The Steubenville City Schools is an Equal Opportunity Employer

I understand that this employment application and any other District documents are not contracts of employment. I further acknowledge that I may terminate my employment or my employment may be terminated by the District at any time for any reason. I understand that no employee or Board Member of the District has any authority to alter my at-will employment status or the policies of the District (with which I agree to comply in consideration of my employment if I am employed), except by act of the District's Board of Education, who may only do so in writing.

	Signature of Applicant				
For Office Use Only	Office Use Only				
Interviewer	Date	Comments	Results of Reference Checks		