



CLYDE-GREEN SPRINGS SCHOOLS

Gregg Elchert, Superintendent
 106 South Main Street
 Clyde, Ohio 43410
 419-547-0588

EMPLOYMENT APPLICATION:

POSITION DESIRED: _____ FULL-TIME _____ SUBSTITUTE

_____ Aide, Educational _____ Bus Driver _____ Custodian
 _____ Aide, Library _____ Cafeteria Worker _____ Maintenance Worker
 _____ Aide, Special Education _____ Cashier _____ Nurse
 _____ Aide, Transportation _____ Coach/Advisor _____ Secretary

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	Alternate Phone		
Date Available	Social Security No.		
Are you eligible to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you been convicted of, pled guilty to, or pled no contest to a crime other than a minor traffic offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Are you currently charged with a crime other than a minor traffic offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Has your Drivers License ever been suspended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

FORMAL EDUCATION OR TRAINING

School/College	Address
Subject Areas	Degree _____ Yes _____ No
School/ College	Address
Subject Areas	Degree _____ Yes _____ No
Other	Address

WORK EXPERIENCE OR COACHING EXPERIENCE: (LIST MOST RECENT FIRST)

Company	Phone ()
Address	
Job Title	Supervisor
Responsibilities	
From	To
Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	
Job Title	Supervisor



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Responsibilities		
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May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ()
Address		
Job Title		Supervisor
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
REFERENCES – PLEASE LIST THREE PROFESSIONAL REFERENCES		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
MILITARY SERVICE		
Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		
DISCLAIMER AND SIGNATURE		
I certify that my answers are true and complete to the best of my knowledge.		
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.		
I authorize investigation of any and all of my background, qualifications and/or any other information from whomever the Employer deems appropriate or desires, and I also authorize the release of any and all information by whomever the Employer deems appropriate or desires. I release all parties from all liability for any damage that may result from furnishing this information to the Employer. This release extends to all information deemed appropriate by any requesting and/or releasing party, personal or otherwise, as well as to the Employer itself.		
Signature		Date