



**Education and Technical Training**

School Attended	Name & Location	Degree	Graduation Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Previous Work Experience**  
Start with present or most recent employer

**Employer** \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Employed From-To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ (Month-Year) Reason for Leaving \_\_\_\_\_  
State Job Title & Describe Your Work \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

\_\_\_\_\_

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**Complete sections applicable to your application**  
Attach copy of licenses or permits pertaining to position

**Bus Driver**

Number of years' experience driving: Bus \_\_\_\_\_ Semi-Truck \_\_\_\_\_ CDL Certified? \_\_\_\_\_

License No. \_\_\_\_\_ Endorsement \_\_\_\_\_ Class \_\_\_\_\_

Driving Record – Have you ever had your license revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

Conviction of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Conviction of a DUI? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you completed Bus Driver Training Course? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

**Custodial**

Number of years custodial experience \_\_\_\_\_

School \_\_\_\_\_ Hospital \_\_\_\_\_ Nursing Home \_\_\_\_\_ Other \_\_\_\_\_

Knowledge of institutional cleaning products – list \_\_\_\_\_

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**Food Service**

Experience in cooking/serving large groups? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of years' experience in food service \_\_\_\_\_

Hospital \_\_\_\_\_ Nursing Home \_\_\_\_\_ School \_\_\_\_\_ Other \_\_\_\_\_

Have you operated any of the following commercial size equipment?

Steam Table \_\_\_\_\_ Steam Kettle \_\_\_\_\_ Power Slice \_\_\_\_\_

Mixer-Grinder \_\_\_\_\_ Dishwasher \_\_\_\_\_ Ovens \_\_\_\_\_

**Maintenance/Grounds**

List experience

HVAC \_\_\_\_\_

Plumbing \_\_\_\_\_

Electrical \_\_\_\_\_

Welding \_\_\_\_\_

Groundskeeping Equipment \_\_\_\_\_

**Secretarial Office Professional**

Office equipment – Are you proficient in the following?

Computer \_\_\_\_\_ Windows XP \_\_\_\_\_ Windows 2000 \_\_\_\_\_ Word \_\_\_\_\_ Excel \_\_\_\_\_

Copy Machines \_\_\_\_\_ Typing wpm \_\_\_\_\_ Power Point \_\_\_\_\_

**Aide/Monitor**

Aide Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_ ESEA Qualified? \_\_\_\_\_

Physical ability to transfer students \_\_\_\_\_

Previous experience working with children with disabilities \_\_\_\_\_

**Coach**

PAS Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**References**

Please list at least three(3) people (non-relatives), along with addresses and phone numbers, who have knowledge of your character and your work habits.

Name \_\_\_\_\_ Position \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

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Name \_\_\_\_\_ Position \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Personal/Related Information**

Have you attended school or work under another name? Y / N Name \_\_\_\_\_

Have you ever served in the United States military? Y / N Branch \_\_\_\_\_ Yrs: \_\_\_\_\_

If currently employed, why do you want to leave your present position? \_\_\_\_\_

\_\_\_\_\_

**Statement**

Please write a brief paragraph explaining (1) why you are interested in the position and (2) the major reasons why you feel you qualify for the position.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Certificate of Applicant**

I hereby authorize the Delphos City Schools to obtain from my former employers all data needed to support this application. I hereby authorize Delphos City Schools to obtain from the references listed above any information needed to support this application.

I acknowledge being informed that as a precondition to employment in the position for which I am applying, I must in accordance with Ohio law provide both a set of fingerprints and satisfactorily pass a criminal records check if I come under final consideration for employment.

I represent that all information furnished in connection with this application is true and accurate to the best of my knowledge. I further recognize that, should the employer discover that I have falsified any such information, I will not be hired, or if already hired, will be subject to termination from employment on those grounds.

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Signature of Applicant

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Date

I agree that any claim or lawsuit relating to my service with the Delphos City School District must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I hereby forever waive any statute of limitations to the contrary.

If you are hired, this application becomes part of your official employment record, and you will be bound by its terms.

Your signature below is your acknowledgement that you have read and understood this application, and that your responses have been truthful and complete.

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Signature of Applicant

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Date

Delphos City Schools  
An Equal Opportunity Employer