

Western Brown Local School District

www.wb.k12.oh.us

524 West Main Steet
Mt. Orab, OH 45154

Phone: 937-444-2044

Phone: 937-444-3600

Fax : 937-444-4303



Classified Employment Application

Name _____

Position Desired (Please Check One)

Aide	<input type="checkbox"/>	Coaching	<input type="checkbox"/>	Food Service	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
Clerical	<input type="checkbox"/>	Custodial	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Volunteer	<input checked="" type="checkbox"/>

Date _____

PERSONAL INFORMATION

Social Security #	E-mail Address	Date of Application	
Name (Last, First, Middle)	Phone #	May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address	City	State	Zip
Permanent Address (if different)	City	State	Zip

EDUCATION

School	Length of Attendance	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address	City	State	Zip
School	Length of Attendance	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address	City	State	Zip
School	Length of Attendance	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address	City	State	Zip
College	Length of Attendance	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address	City	State	Zip
Major	Minor	Total College Hours: _____ SEM _____ QRT	

**IF APPLYING FOR A TRANSPORTATION POSITION,
please complete the following:**

TYPE OF LICENSE	SCHOOL DISTRICT	SUPERVISOR	FROM	TO

**GENERAL REFERENCES
(do not list relatives)**

NAME	OCCUPATION	PHONE # with area code

OTHER EMPLOYMENT EXPERIENCE

LIST MOST RECENT EMPLOYER FIRST

Company Name		Supervisor	Phone #	
Address		City	State	Zip
Type of work			Length of Employment	
Company Name		Supervisor	Phone #	
Address		City	State	Zip
Type of work			Length of Employment	
Company Name		Supervisor	Phone #	
Address		City	State	Zip
Type of work			Length of Employment	
Company Name		Supervisor	Phone #	
Address		City	State	Zip
Type of work			Length of Employment	

MILITARY EXPERIENCE: Yes No _____ Years

IF APPLYING FOR A MAINTENANCE POSITION, please complete the following:

EXPERIENCE	FROM	TO	COMPANY	SUPERVISOR
ELECTRICAL				
PLUMBING				
HEATING				
CARPENTRY				
REFRIGERATION				

MAINTENANCE CERTIFICATIONS

TYPE	
TYPE	
TYPE	

State reason(s) why you want to work at Western Brown.

Four horizontal lines for writing reasons for wanting to work at Western Brown.

Mention below any additional information which might strengthen your application for this position

Five horizontal lines for providing additional information to strengthen the application.

I certify that all the statements made by me in this application are true, complete and correct to the best of my knowledge and that I am aware that any false statements will be sufficient cause for rejection or dismissal.

Date _____ Signature of Applicant _____

APPLICANTS UNDER FINAL CONSIDERATION MUST UNDERGO A CRIMINAL RECORDS CHECK BY THE BUREAU OF CRIMINAL IDENTIFICATION AND INVESTIGATION (BCI) AS PER OHIO REVISED CODE 3319.39.

THE WESTERN BROWN LOCAL SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, COLOR, CREED, NATIONAL ORIGIN, HANDICAP, DISABILITY OR SEX.

OFFICE USE ONLY

Interviewed by _____ Date _____

Interviewer's Comments: _____

