

Support Staff Application Cover Sheet

For Office Use Only
Last Name: _____
First Name, Middle Initial: _____
Position Desired: _____
Date of Application: _____

Checklist of Application Materials Enclosed

Attach this form to the front of the application packet. Applications must include a current resume to be considered complete. Place a check mark (T) in the list below for each item enclosed then attach them to the application form in the order listed.

- _____ Application form is complete, signed, and dated.
- _____ Complete resume is enclosed.
- _____ Other (optional). For example, transcripts, certificates, letters of recommendation. Please List: _____

<p>Return entire packet to:</p> <p>Office of the Superintendent St. Henry Consolidated Local Schools 391 E. Columbus St. St. Henry, OH 45883-9574</p>
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APPLICATION – SUPPORT PERSONNEL

St Henry Consolidated Local Schools

391 E. Columbus St.
St. Henry, OH 45883-9574

This form may be used to apply for any position that does not require a teaching certificate.

A. Personal Information

Last Name	First Name	Middle or Maiden Name	
Address: Street	City	State	Zip
Alternate Contact Name			Phone

B. Position Priority Request

Enter the type of work in the boxes below. (I.e., aide, bus driver, cafeteria, coach, custodial, secretarial)

Type of Work	First Choice	Second Choice	Third Choice
Full-Time			
Part-Time			
Substitute			

Building/Age Level Preference

Place a check mark (T) in all boxes that apply	“ Elementary Preschool-Grade 4	“ Middle School Grades 5-8	“ High School Grades 9-12
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C. Education

	Name and Location of School	Degree or Diploma Granted
College or Special Training		
High School		

D. Special Skills

Special Skills	“ Office experience	“ Computer skills	“ Like to work directly with students	“ Able to discipline
	“ Custodial experience	“ Mechanical know-how	“ Restaurant or other kitchen experience for large groups	“ Comfortable working alone

	Other special skills (Please list):
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E. Work Experience

Name and Address of Employer (List last experience first)	Position	Dates Inclusive (Month/Year)		Type of Work Performed
		From	Thru	

F. References

Please list three personal references and three employment references from persons you believe have the best insight about your work capabilities and habits.			
	Name	Telephone	Relationship
Personal			
Employment			

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information or omissions of fact may be cause for denial or termination of employment. I authorize my past employers and the references listed above to give you any and all information concerning my previous employment and any other information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that an offer of employment is subject to my completion, satisfactory to the District, of all pre-employment procedures.

Signature of Applicant

Date

This application will remain active for the current calendar year plus one additional calendar year.

CLASSIFIED EMPLOYEE APPLICANT QUESTIONS

The following questions are a very important part of our screening process. Please reflect upon them carefully and give us your candid responses in the space provided.

1. **What are your three most important reasons you want to work for our schools?**
 - 1.)
 - 2.)
 - 3.)

2. **Why have you chosen to apply for the particular job(s) you have indicated?**

3. **What qualifications and experiences do you have that would make you an exceptional candidate for the position?**

4. **What three words best describe you?**
 - 1.)
 - 2.)
 - 3.)

5. **What three characteristics do you feel a good school employee should have?**
 - 1.)
 - 2.)
 - 3.)

6. **How do you most want to influence the lives of students you would touch as a school employee?**

Signature of Applicant

Date

