



✓ **FOR CONSIDERATION OF EMPLOYMENT - THE FOLLOWING REQUIRED DOCUMENTATION MUST BE COMPLETED AND SUBMITTED WITH THIS APPLICATION:**

- COMPLETED APPLICATION
- OHIO TEACHING CERTIFICATE (*CERTIFIED EMPLOYEES ONLY*)
- EDUCATIONAL AIDE PERMIT FOR IRONTON CITY SCHOOLS (APPLICATION FORM ATTACHED)
- COLLEGE TRANSCRIPTS (ORIGINAL -- **NO PHOTO COPIES**) (*CERTIFIED EMPLOYEES ONLY*)
- CURRENT **STATE(BCII) AND FEDERAL (FBI)** BACKGROUND CHECKS  
(COMPLETED WITHIN THE LAST YEAR)
- COPIES OF PHOTO ID (DRIVERS LICENSE) AND SOCIAL SECURITY CARD
- TUBERCULOSIS (TB) SKIN TESTING REPORT (COMPLETED WITHIN THE LAST YEAR)
- PAYROLL DIRECT DEPOSIT FORM (ATTACHED)
- COMPLETED PAYROLL TAX FORMS (ATTACHED)
- COMPLETED EMPLOYEE WORKSHEET (**NOT FOR SUBSITUTE EMPLOYEES**) (ATTACHED)

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**NOTICE  
FOR ALL APPLICANTS**

Every new hire must be fingerprinted for a state and federal background check which can be completed at:

**Lawrence County Educational Service Center - 3<sup>rd</sup> Floor - Courthouse - 740-532-4223**

**OR**

**Kelley Med Care - 210 Center Street Ironton OH - 740-532-4000**

Ohio BCI&I    \$35.00            FBI    \$40.00

**You will need:**

- ✓ Cash
- ✓ Valid state issued picture ID
- ✓ Social Security Card (if not printed on the ID)
- ✓ Address of employer or licensing agency, if you want the results mailed directly to them. This information must be presented PRIOR to starting the transaction.

**NOTE:**

- ✓ **Background check results must be sent to employer and electronically submitted to the Ohio Department of Education**



*Dedicated to Academic Excellence through Quality Education*

105 South Fifth Street  
 Ironton, Ohio 45638  
 (740) 532-4133 • Fax (740) 532-2314

## Application for Classified Employment

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street  
 \_\_\_\_\_  
City State Zip Telephone Number

When will you be available for employment? \_\_\_\_\_

**PLEASE MARK THE POSITION FOR WHICH YOU ARE APPLYING**

Full Time       Part Time       Substitute

**PLEASE MARK THE AREA(S) FOR WHICH YOU ARE APPLYING**

- Secretarial/Clerical
- Custodial
- Paraprofessional (Aide)  (Educational Aide/Student Monitor Permit for Ironton City Schools Required)
- Cook
- Nurse  (Ohio License Required)
- Bus Driver  (Bus Driver CDL License Required)  
(please see reverse side)

Please list previous employees who may be contacted to testify as to appropriate experience, ability or character.			
Previous Employer	Company	Supervisor	Supervisor Telephone Number

**(See reverse side to list references)**

Have you ever been dismissed, asked to resign, or refused employment?  Yes  No  
 (If YES, give full details. Please use additional sheets if necessary.)

\_\_\_\_\_

I swear/affirm that the information supplied in this application is correct. \_\_\_\_\_  
(Signature) (Date)

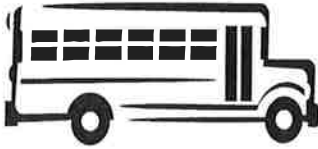
Approved for recommendation \_\_\_\_\_  
(Supervisor) (Date)

**As an Equal Opportunity Employer, Ironton City Schools complies with federal and state laws.  
 This application will be kept on file for two (2) years from date submitted.**

**REFERENCES**

Please list three persons (other than relatives) who may be contacted to testify as to appropriate experience, ability or character.

Name	Title/Relationship	Address	Telephone

**A copy of driver's license and social security card must accompany this application.****SCHOOL BUS DRIVER APPLICANTS MUST COMPLETE THE FOLLOWING:**

Indicate highest grade completed in school: Elementary \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

Currently employed: \_\_\_\_\_ YES \_\_\_\_\_ NO

Self employed: \_\_\_\_\_

Type of work done: \_\_\_\_\_ Number of years on job: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

If not employed, name of last employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of work done: \_\_\_\_\_

Number years experience driving: Car \_\_\_\_\_ Truck \_\_\_\_\_ Bus \_\_\_\_\_

Type drivers license now held: Operators \_\_\_\_\_ School Bus \_\_\_\_\_ Commercial drivers license \_\_\_\_\_

(List any endorsements) \_\_\_\_\_

Drivers license number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

• Have you ever been involved in a traffic accident? \_\_\_\_\_ YES \_\_\_\_\_ NO

Date: \_\_\_\_\_

• Have you ever been convicted of a traffic violation? \_\_\_\_\_ YES \_\_\_\_\_ NO

Date: \_\_\_\_\_ Type of conviction: \_\_\_\_\_

• Has your driver's license ever been revoked? \_\_\_\_\_ YES \_\_\_\_\_ NO

Date: \_\_\_\_\_

• Have you ever been convicted of a felony? \_\_\_\_\_ YES \_\_\_\_\_ NO

Date: \_\_\_\_\_ Type of conviction: \_\_\_\_\_

If your answer is yes to any of the above four questions, write explanation and details below:

\_\_\_\_\_

I swear/affirm that the information supplied in this application is correct. \_\_\_\_\_

(Signature)

Approved for recommendation \_\_\_\_\_

(Transportation Supervisor)

(Date)