



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

- COMPLETED APPLICATION
- OHIO TEACHING CERTIFICATE (*CERTIFIED EMPLOYEES ONLY*)
- COLLEGE TRANSCRIPTS (ORIGINAL – **NO PHOTO COPIES**) (*CERTIFIED EMPLOYEES ONLY*)
- EDUCATIONAL AIDE PERMIT FOR IRONTON CITY SCHOOLS (*OBTAINED ONLINE AT ODE.COM*)
- CURRENT **STATE(BCI) 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)

**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 - 3rd Floor – Courthouse – 740-532-4223

Ohio University Ironton OH - 740-533-4600

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.)

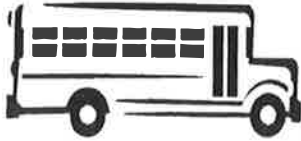
I swear/affirm that the information supplied in this application is correct. _____
(Signature) (Date)

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: _____

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

Approved for recommendation _____
(Transportation Supervisor) (Date)



PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for public employment of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY		STATE	ZIP	COUNTY
HOME PHONE () -		WORK PHONE () -		

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

If an applicant's employment is denied due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the denial. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

APPLICANT SIGNATURE X	DATE
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Ironton City Schools

Acknowledgement of Receipt of Auditor of State Fraud Reporting System Information

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging that the **Ironton City School District** provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud reporting system.

I have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

Print Name

Signature

_____/_____/_____
Date

Auditor of State's Fraud Contact Information

The Ohio Auditor of State's office maintains a system for the reporting of fraud, including misuse of public money by any official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through the following means:

Telephone: 1-866-FRAUD OH (1-866-372-8364)

US Mail: Ohio Auditor of State's office

Special Investigations Unit

88 East Broad Street

P.O. Box 1140

Columbus, OH 43215

Web: www.ohioauditor.gov