



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)