



**GALION CITY
SCHOOL DISTRICT**

Board of Education Administrative Center
470 Portland Way North
Galion, Ohio 44833
TEL: 419 468-3432
FAX: 419 468-4333
www.galion-city.k12.oh.us

CLASSIFIED APPLICATION

POSITION/S SOUGHT: _____ DATE: _____

Willing to substitute for above position/s _____ Yes _____ No

I. PERSONAL DATA

Name in Full _____ Social Security # _____
(first) (middle initial) (last)

Present Address _____
(street) (city) (state) (zip)

Phone _____ Business Phone _____

Previous Address _____
(street) (city) (state) (zip)

How long did you live at this address? Years _____ Months _____

II. EDUCATION

List most recent first

Institution	City/State	# of Years Attended	Major Area(s) of Study	Degree and/or College Credits

Do you plan to continue your education? If yes, please explain _____

III. EXPERIENCE

List most recent first

Institution	Street Address City/State/Zip Phone	Position	Supervisor & Telephone#	Dates of Employment/ Salary

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IV. REFERENCES

Please list the names and complete addresses of persons/supervisors having knowledge of your character and any related work

Name	Official Position	Street Address City/State/Zip	Phone

V. SKILLS AND MACHINES OPERATED

Please list experience with machines/software/equipment, etc., or skills you possess related to the position for which you are applying

What do you like to do best? _____

What do you like most about the kind of work for which you are applying? _____

What do you like to do least? _____

Have you ever been convicted or forfeited bail, or are you presently charged, with any offense (other than a traffic offense for which the sole penalty was/is \$100 or less? Yes _____ No _____

If yes, please explain nature and date(s) of occurrence(s): _____

Are there any reasons why you would not be able to perform any of the essential functions of the job for which you are applying (with or without a reasonable accommodation that would not impose an undue hardship)? Yes _____ No _____

If yes, please explain: _____

Please Read Carefully

“With the understanding that falsification of any information furnished on this application is grounds for the rejection of this application or dismissal after my employment (if I am hired), I certify that all such information is true and complete to the best of my knowledge, and I hereby authorize agents of the Galion City Schools and those acting in accordance with their direction to investigate same. I understand that any such investigations may include, but need not be limited to, an inquiry to the Ohio Bureau of Criminal Identification and Investigation and to other law enforcement agencies; I accordingly agree to cooperate promptly and fully during the application process in being fingerprinted and otherwise in completing and signing all forms required for any such inquiry, and I acknowledge that my failure so to cooperate shall cause the rejection of my application. Further, I hereby give my permission to the Ohio Bureau of Criminal Identification and Investigation and other law enforcement agencies, as well as any and all other persons and entities who might have knowledge concerning information that I have provided on this form, to disclose to agents of the Galion City Schools and those acting in accordance with their directions all pertinent information in their possession (except to the extent that I have expressly stated otherwise on this form), and I release those so requesting, receiving, and providing that information, and their respective agents and principals, from any and all liability therewith to the full extend permitted by law.”

Signature _____

Date _____

*The Galion City School District is an Equal Opportunity Employer
and no person shall be excluded from employment on the basis of protected class status according to Galion Board Policy #4122..*

February 2016