

CHIPPEWA LOCAL SCHOOLS
AN EQUAL OPPORTUNITY EMPLOYER
56 NORTH PORTAGE STREET
DOYLESTOWN, OH 44230-1398

OFFICE USE ONLY

DATE OUT _____

DATE IN _____

REVIEWED BY _____

>>SUPERVISOR APPLICATION FOR EMPLOYMENT<<
PLEASE PRINT IN BLACK INK OR TYPE

NAME: _____ PHONE: (____) _____
Last First Middle Name

D.O.B.: _____ SOCIAL SECURITY NUMBER: _____
(Verified by: _____)

CURRENT ADDRESS: _____
Street City State/Zip # Years

Driver's License Number _____ Verified by: _____ Copy Made: _____

Have you ever been convicted of a felony? _____, If yes, explain _____

Positions interested in applying for:

Name of High School Street Address City/State/Zip Graduation Year

Name of College Street Address City/State/Zip 2-yr/4-yr Degree/Level

MILITARY SERVICE RECORD:

Induction Date Discharge Date Branch of Service Type of Discharge
**Attach Copy of DD214

GIVE TWO (2) REFERENCES NOT RELATED TO YOU:

Name Street Address City State/Zip Telephone

Name Street Address City State/Zip Telephone

This application will be kept on file for one year.

EMPLOYMENT EXPERIENCE

LIST MOST RECENT

Employer _____
Name City, State

Job Title _____ Work performed in detail _____

Dates Employed: From _____ To _____ Telephone (____) _____

Supervisor's Name _____

Employer _____ City, State _____

Job Title _____ Work performed in detail _____

Dates Employed: From _____ To _____ Telephone (____) _____

Supervisor's Name _____

Employer _____ Dates Employed _____

Employer _____ Dates Employed _____

Employer _____ Dates Employed _____

Proficiency with the following:	Advanced	Average	Beginning	No Experience
▪ Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Tech/Chromebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ HVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ CDL Driving – lic. type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chippewa Local Schools is an Equal Opportunity Employer. The Governing Board does not discriminate on the basis of race, color, national origin, sex (including sexual orientation and transgender identity), disability, age, religion, military status, ancestry, genetic information (collectively, "Protected Classes"), or any other legally protected category, in its programs and activities, including employment opportunities. Candidates who require special assistance to respond to this employment announcement should contact the Human Resources Department.

Any person having inquiries concerning the districts compliance with the regulations implementing Title VI of the Civil Rights Act of 1964 (Title VI). Section 504 of the Rehabilitation Act of 1973 (Section 504), or Title II of the Americans with Disabilities Act of 1990 (ADA) may contact the Superintendent or Human Resources.

Applicant's Acknowledgment and Agreement

By signing below, candidate authorizes the school district to conduct an investigation of candidate pursuant to Ohio Revised Code to determine whether candidate has been convicted of any criminal or drug offenses as set forth in such statute, and, upon request, agrees to execute an investigation authorization form as a condition for candidate's employment. Ohio Revised Code also stipulates that the Chippewa Local Schools perform a check on the Statewide Sex Offender Database. Candidate may not be employed unless such investigations have been initiated. I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in the application to verify my statement, and I authorize past employers, all references and any other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

Any person who knowingly makes a false statement is guilty of falsification under section 2921.13 of the Revised Code, which is a misdemeanor in the first degree.

I UNDERSTAND THAT A CRIMINAL BACKGROUND CHECK WILL BE CONDUCTED. I affirm that information supplied in this application is true.

Signature _____ Date _____