



UPPER ARLINGTON CITY SCHOOLS
Classified Staff/Aide/Assistant Teacher Application

1950 N. Mallway Drive
Upper Arlington, Oh 43221
614-487-5000

An Equal Opportunity Employer

PERSONAL

PLEASE PRINT:

Name

_____ Last

_____ First

_____ Middle or Maiden Name

Address

_____ Street

_____ City

_____ State

_____ Zip Code

Home Phone _____

Work Phone _____

E-mail: _____

Contact where you can be reached

Name/Relationship: _____

Phone _____

Military Service (list only active service)

Branch of Service _____

Date Entered _____

Type of Separation _____

Date of Separation _____

The Ohio Revised Code prohibits classified employees from holding an office in a political organization.

Are you an officer of such organization or club?

YES _____

NO _____

I acknowledge that as a precondition to employment in the position for which I am applying, I must in accordance with Ohio law both provide a set of fingerprints and satisfactorily pass a criminal records check if I come under final consideration for employment. I will also need to attest to legal residence for the past five-year period. I recognize that I will be charged for the cost of the records check such amount as the Bureau of Criminal Identification and Investigation and the Federal Bureau of Investigation may charge the school district, and that unless I pay the fee, I will not be considered for employment.

GENERAL INFORMATION

Work preference:

_____ Full-time

_____ Part-time—(specify hours if part-time: _____)

Indicate 1st, 2nd, and 3rd choice of grade level preferred:

_____ Elementary (K-5)
 _____ Middle School (6-8)

_____ High School (9-12)
 _____ No preference

Indicate assistant position(s) preferred. List 1st, 2nd, and 3rd choice:

_____ Assistant Teacher
 _____ Clerical/Secretary
 _____ Computer/Technology
 _____ Custodian
 _____ Educational Aide
 _____ ESL
 _____ Food Service Helper/Cashier

_____ Food Service Cook
 _____ Health Aide
 _____ Interpreter
 _____ Maintenance/Grounds
 _____ Special Education
 _____ Transportation Aide
 _____ Transportation Bus Driver

Have you previously worked for Upper Arlington Schools? _____ Yes _____ No
 If yes, please explain.

Have you ever been discharged or requested to resign from a job? _____ Yes _____ No
 If yes, please explain.

EDUCATION

School	Name/Location of School	Course of Study	Highest Grade Completed	Did You Graduate?	Degree or Diploma
College					
High School					

If you have a teaching degree, please list the area(s) you are licensed to teach: _____

EMPLOYMENT

Please give accurate, complete full-time and part-time employment records. Start with present or most recent employer.

May we contact your present employer? _____ Yes _____ No

1	State Job Title and Describe Your Work	Hours Worked Per Week
		Reason For Leaving
	Company Name	Telephone
	Address	Employed (Month & Year) From: _____ To: _____
	Name of Supervisor	Hourly Rate of Pay Start: \$ _____ Last: \$ _____

2	State Job Title and Describe Your Work	Hours Worked Per Week
		Reason For Leaving
	Company Name	Telephone
	Address	Employed (Month & Year) From: To:
	Name of Supervisor	Hourly Rate of Pay Start: \$ Last:\$

3	State Job Title and Describe Your Work	Hours Worked Per Week
		Reason For Leaving
	Company Name	Telephone
	Address	Employed (Month & Year) From: To:
	Name of Supervisor	Hourly Rate of Pay Start: \$ Last:\$

4	State Job Title and Describe Your Work	Hours Worked Per Week
		Reason For Leaving
	Company Name	Telephone
	Address	Employed (Month & Year) From: To:
	Name of Supervisor	Hourly Rate of Pay Start: \$ Last:\$

PERSONAL RESPONSES

This section is designed to provide you with an opportunity to share some of your experiences and thoughts. Please respond to each item in the space provided.

1. What qualifications and skills do you feel you would bring to this position? _____

2. Why are you applying for this position? _____

3. How do you develop relationships with others? _____

4. How do you cope with the tensions that sometimes develop in a work situation? _____

5. Please share a significant event in which you were helping someone (child, co-worker, friend, relative) with a problem. Briefly describe the event, its significance to you, and the outcome.

6. How do you define customer service? _____

7. Please make any additional comments that will give us a better understanding of your employment qualifications.

SIGNATURE

The Board of Education 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.

I hereby certify that all statements made herein or attached hereto are complete and accurate. I understand that any false or misleading statements later disclosed may cause termination of position and may subject me to prosecution under Ohio Revised Code Section 2921.13. I further understand that neither this document nor any offer of employment from the employer either verbal or written constitute an employment contract unless specific documentation to that effect is executed by the employer and myself or representative.

Signature: _____ Date: _____

**PLEASE PRINT AND MAIL OR BRING THIS APPLICATION TO: 1950 NORTH MALLWAY,
UPPER ARLINGTON OH 43221. NO EMAILED APPLICATIONS WILL BE ACCEPTED.**