

Date of Application _____

MADEIRA CITY SCHOOLS
An Equal Opportunity Employer

7465 LOANNES DRIVE
CINCINNATI, OH 45243
513.985.6070 (PHONE)
513.985.6072 (FAX)

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME: _____ **SS #:** _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ **(DAY)** _____ **(EVENING)**

_____ **(CELL)** _____ **(EMAIL)**

Position(s) for which you are applying:

List experience, skills, etc. which you possess which you feel qualifies you for the position(s) for which you are applying:

Do you have current (must be less than 1 year old) background checks (FBI & BCII)? Please attach copies.

- Yes**
- No**

EDUCATIONAL BACKGROUND

High School	City	Diploma	GED
_____	_____	_____	_____

Colleges Attended	Degree	Dates Attended	Graduated
_____	_____	_____	_____
_____	_____	_____	_____

OVER

AREAS OF CERTIFICATION/LICENSE (IF APPLICABLE)

EMPLOYMENT HISTORY

List positions held, starting with your most recent employment

Employer _____ **Position** _____ **Dates:** _____ **to** _____
Address _____ **Reason for Leaving** _____
Immediate Supervisor _____ **Telephone Number** _____

Employer _____ **Position** _____ **Dates:** _____ **to** _____
Address _____ **Reason for Leaving** _____
Immediate Supervisor _____ **Telephone Number** _____

Employer _____ **Position** _____ **Dates:** _____ **to** _____
Address _____ **Reason for Leaving** _____
Immediate Supervisor _____ **Telephone Number** _____

REFERENCES

List below three additional references who can speak to your work performance and character

Name _____ **Bus. Phone** _____ **Home Phone** _____
Name _____ **Bus. Phone** _____ **Home Phone** _____
Name _____ **Bus. Phone** _____ **Home Phone** _____

PLEASE READ CAREFULLY BEFORE SIGNING

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may disqualify my application or if already employed, may result in immediate dismissal. I hereby authorize any present or former employer, person, firm, corporation, physician, or government agency to answer any and all questions and to release or provide any information within their knowledge or records, and I agree to hold any and all of them blameless and free of any liability for releasing any truthful information that is within their knowledge or records. Candidates are employed by the Madeira City Schools Board of Education based upon recommendation of the Superintendent of Schools. It is understood that the acceptance of employment in the Madeira City Schools District is an acceptance of the policies, rules and regulations of the Madeira City Schools Board of Education.

Signature _____ **Date** _____

For office use only
BCII _____ FBI _____ License _____ AESOP _____ I-9 _____ PSW _____ Payroll _____