

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

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APPLICATION FOR EMPLOYMENT  
SUPPORT PERSONNEL

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Date of Application: \_\_\_\_\_

**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 especially qualifies you for the position(s) for which you are applying:

**EDUCATIONAL BACKGROUND**

Type of School	Name/Address	Years Attended	Course/Major	Year Graduated /Degree
High School				
College/University				
Post Graduate				
Trade School				

*The Madeira City School District is an equal opportunity institution  
And does not discriminate against persons because of race, religion, sex, age or handicap.*

**OVER**

**EMPLOYMENT HISTORY**

List positions held, starting with your most recent employment

<b>FROM</b>	<b>TO</b>	<b>NAME AND ADDRESS OF EMPLOYER</b>	<b>SUPERVISOR NAME &amp; TELEPHONE NUMBER</b>

**REFERENCES**

<b>NAME</b>	<b>TITLE/ RELATIONSHIP</b>	<b>ADDRESS</b>	<b>SUPERVISOR NAME &amp; TELEPHONE NUMBER</b>

**In order to be hired you are required to complete BCII/FBI Clearance Reports (fingerprints).**

**READ AND SIGN**

*I understand any false statements or misrepresentation of facts are grounds for dismissal  
I hereby certify that the statements above are true and correct to the best of my knowledge.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

LLR  
Forms/Sup app

**For office use only**

BCII \_\_\_\_\_ I-9 \_\_\_\_\_ AESOP \_\_\_\_\_ Cert. \_\_\_\_\_  
FBI \_\_\_\_\_ PSW \_\_\_\_\_ Payroll \_\_\_\_\_