

\_\_\_\_\_ Support Personnel

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**  
**SUPPORT PERSONNEL**

**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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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 \_\_\_\_\_