



**Ottawa Hills Local Schools**  
**3600 Indian Road**  
**Toledo OH 43606**  
**419-536-6371**  
**www.ottawahillsschools.org**

**Support Staff Application**

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ (Street) \_\_\_\_\_ (Telephone – include area code)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) Date Available \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_

List date, branch, and nature of military service \_\_\_\_\_ Total Months \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

|                    | Number of Years | Name of School | Area of Specialization | If graduated, degree/diploma |
|--------------------|-----------------|----------------|------------------------|------------------------------|
| Elementary         |                 |                |                        |                              |
| High School        |                 |                |                        |                              |
| College/University |                 |                |                        |                              |

**EMPLOYMENT RECORD** (please list your last three employers, starting with the most recent):

Employer \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact this person? \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact this person? \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact this person? \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

REFERENCES: (Former employers or persons who can attest to your work ethic.)

| Name | Complete Address | Phone Number |
|------|------------------|--------------|
|      |                  |              |
|      |                  |              |
|      |                  |              |
|      |                  |              |

Are you willing to take a physical examination for employment?  Yes  No

Person to be notified in case of accident or emergency:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

PLEASE CHECK ALL AREAS IN WHICH YOU ARE SKILLED OR HAVE WORKED

- Typing – \_\_\_\_\_ WPM
- Shorthand
- Accounting
- Bookkeeping
- Library
- Computer Skills (Please list computer programs you have experience using.) \_\_\_\_\_
- Paraprofessional
- Maintenance
- Custodial
- Other (explain) \_\_\_\_\_

**AFFIRMATION:** I hereby affirm that all information in the application is true and correct. I understand any misstatement of material facts contained in this application may cause forfeiture of all my rights to employment in the service of the Ottawa Hills Local Schools. I also understand that employment will be contingent upon successful completion of a criminal record check.

Date \_\_\_\_\_ Signature \_\_\_\_\_