



APPLICATION-NON-TEACHING
 EDISON LOCAL SCHOOLS
 140 S. MAIN STREET
 MILAN, OH. 44846
 MAIN-419-499-3000 FAX-419-499-4859

Edison Local School District is an equal opportunity organization and will not allow discrimination based upon age, ethnicity, ancestry, gender, national origin, disability, race, size, religion, sexual orientation, socioeconomic background, or any other status prohibited by applicable law.

APPLICATION PROCEDURES:

1. Please complete this application and return to:
 Office of the Superintendent, Edison Local Schools, 140 S. Main Street, Milan, OH. 44846
2. Please enclose a copy of the following:
 Completed and signed application form
 Copy of current certificate or evidence one is available (If applicable)
 Up-to-date resume
3. Qualified applicants will be contacted directly by the hiring supervisor to schedule an interview.

POSITION(S) APPLIED FOR:

___ **Administrative Assistant** ___ **Food Service** ___ **Educational Aide** ___ **Bus Driver** ___ **Custodian**
 ___ **Bus Aide** ___ **Substitute Educational Aide** ___ **Substitute Bus Driver** ___ **Substitute Teacher**

DEMOGRAPHIC INFORMATION

Name: _____ Primary Phone: _____
 Address: _____
 City _____ State: _____ Zip: _____ Email: _____
 Military Experience- Yes _____ No _____ Years _____ Branch of Service: _____
 Have you ever been dismissed or asked to resign from any teaching or other educational positions? ___ Yes ___ No
 If yes, please explain: _____

 I acknowledge that certain criminal convictions will disqualify me from employment at a public school district.
 I understand that I will need to pass a criminal background check to be employed by Edison Local Schools.
 Do you have a valid Ohio drivers license? ___ Yes ___ No

EDUCATIONAL PREPARATION

Name of School & Location	Sem. Hrs.	Degree	Major-Minor
High School			
College			
Technical or Business School			
Other			



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LIST ALL OHIO LICENSE/CERTIFICATIONS THAT YOU CURRENTLY HOLD OR ARE OBTAINING:

TYPE Paraprofessional/Substitute/ServSafe/CDL	ENDORSEMENTS (ESEA)	Expiration

When will you be available for employment? _____

Are you currently under contract with another district? _____

Can you perform the essential duties of the position with or without limitations? _____ If no, please explain:

List any activities/sports you are interested in supervising: _____

WORK EXPERIENCE

Employer/Institution/Location	Dates	Position	Principal/Supervisor

Reason for leaving present position: _____

REFERENCES: Give the names, addresses, and phone numbers of at least five people who are familiar with your professional ability, personality, character and scholarship. If you have previous teaching/administration experience, you must include the superintendents and principals with whom you have worked.

Name	Address	Phone Number	Position

Does the board of education or its agents have your permission to contact the above named persons? Yes ___ No ___

Does the board of education or its agents have your permission to contact your current employer? Yes ___ No ___



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I certify that the information given in this application is true to the best of my knowledge. I authorize the Edison Local School District Board of Education and its designee(s) to conduct an appropriate reference check which may include former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCI) for a background check, and I hereby consent to such inquiries. I further certify that I have not been convicted of a felony or sex-related offense, and hereby authorize the Board of Education and its designee(s) to perform such background investigations as required by law. The fee for the background investigation is to be paid by the applicant who is the finalist for the position. This policy also applies to all persons added to substitute lists. Failure to comply will result in the disqualification of the applicant for employment consideration. Any omissions or incorrect information may be considered as misrepresentation and jeopardize employment.

_____ Date

_____ Applicants Signature

FOR OFFICE USE ONLY

Application received: _____

Authorized Experience: _____

Interview Scheduled: _____

Hire Date: _____ BOE Date: _____

Position: _____

Background Checks: _____