



LOGAN-HOCKING SCHOOLS

CLASSIFIED APPLICATION

Administrative Office

2019 E. Front Street

Logan, OH 43138

(740) 385-8517

Fax: (740) 385-3683

For Office Use Only:

Date Application Rec'd _____

Interviewed Date _____

Interviewed By _____

Last Name	First Name	Middle Name	Date
Street Address		Home Phone	
City, State, ZIP		Cell Phone	
Have you ever applied for employment with us? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, when:		Do you smoke?	
Position(s) Desired		Expected Pay	
Email Address		Will you work overtime if asked?	
Are you legally eligible for employment in the United States?		When will you be able to begin work?	
Other special training or skills (languages, machine operation, etc.)			

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Exclude those which may disclose your race, color, or national origin)

COMPLETE THIS SECTION IF YOU SERVED IN THE ARMED FORCES	Branch of Service
Describe Your Duties and Any Special Training	Period of Active Duty (Month & Year)
	Rank at Discharge
	Date of Discharge

What was your previous address?	How long at previous address?
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.	How long at present address?
Have you ever been bonded? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, with what employer(s)?	
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, describe in full.	
State the names of relatives and friends working for us other than your spouse.	

Some positions may require certification/license, physical exams, or other fees, which are a prerequisite for employment. Such costs are the responsibility of the applicant.

I hereby authorize the Logan-Hocking Schools to conduct a background check and obtain from my former employer(s) all data needed to support this application.

It is the policy of the Logan-Hocking Local Board of Education that the best qualified applicant shall be selected for each position without regard to race, color, religion, national origin, age, sex, disabling condition, veteran or marital status. All district policies, programs, practices, procedures and decisions shall be reviewed to assure the rights of all students and employees to equal educational and employment opportunities as guaranteed by the Constitution of the United States and by law.

I certify that all information on this application is true and complete to the best of my knowledge, and I understand that any withholding or falsification of information on this application is grounds for non-consideration or dismissal if employed.

Applicant's Signature

Date

Office Use: Date Received _____

FOR EMPLOYER'S USE ONLY

EMPLOYER	PERSON CONTACTED	RESULTS
1		
2		
3		
4		
5		

Tests Administered	Raw Score	Rating	Analysis and Comments

INTERVIEWER NAME AND COMMENTS		