

NEW BREMEN LOCAL SCHOOLS

901 East Monroe Street
New Bremen, OH 45869
419-629-8606

NON-TEACHING APPLICATION

Personal Information:

Name _____ Date of Application _____
Address _____
City _____ State _____ Zip Code _____
Phone Number () - _____ Are you employed now? _____
Job(s) applying for: _____

Date you can start _____

List any experiences, skills, or qualifications you feel would especially assist you for this type of work.

List any criminal convictions (other than misdemeanors)

Why are you interested in this position at New Bremen Local Schools?

Educational Background:

Type of School	Name and Address	# of Years Attended	Graduated	Course/Major
High School				
College				
Business/Trade				
Other				

Prior Work History: (Please list present employment first.)

Date	Employer Name and Address	Position and Hourly Pay Rate	Name of Supervisor	Reason for Leaving
From To				
From To				
From To				

Professional And/Or Personal References: (Please exclude relatives)

NAME	ADDRESS	OCCUPATION	TELEPHONE

**PLEASE READ CAREFULLY BEFORE SIGNING
APPLICANT’S CERTIFICATION AND AGREEMENT**

I hereby acknowledge being informed that, as a precondition to employment, in the position for which I am applying, I must in accordance with Ohio Law both provide a set of fingerprints and satisfactorily pass a criminal record check if I come under final consideration of employment. I recognize that I will be charged for the cost of the record check and that, unless I pay the fee, I will not be considered for employment. I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history. I agree that any claim or lawsuit relating to my service with New Bremen Local Schools must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

This application will be considered active for twelve (12) months from the date filed. If you are hired, it becomes part of your official employment record.

Signature of Applicant _____

<p><u>A complete application consists of:</u></p> <ol style="list-style-type: none"> 1. Receipt of completed and signed application form 2. Receipt of up-to-date resume (optional) 3. Other related material so desired to be enclosed 	<p><u>Please return to:</u></p> <p>New Bremen Local Schools Superintendent’s Office 901 East Monroe Street New Bremen, OH 45869</p>
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