



Campbell City Schools

280 Sixth Street
Campbell, Ohio 44405

PH: 330-799-8777

FX: 330-799-0875

EMPLOYMENT APPLICATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____
Street City/State Zip

TODAY'S DATE _____ SOCIAL SECURITY NUMBER _____

HOME PHONE: _____ CELL: _____ EMAIL: _____

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PLEASE CHECK POSITION(S) FOR WHICH YOU ARE APPLYING:

_____ Permanent Position _____ Substitute Position _____ Supplemental Position

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ADMINISTRATIVE:

_____ Principal _____ Assistant Principal _____ Other _____

CERTIFIED:

_____ Teacher _____ Home Instruction Tutor _____ School Nurse
_____ Guidance Counselor _____ Library/Media Specialist _____ School Psychologist
_____ Other _____

CLASSIFIED:

_____ Bus Driver _____ Custodial Worker _____ Secretary
_____ Cafeteria Worker _____ Educational Assistant _____ Other _____

SUPPLEMENTAL:

Please list area(s): _____

TYPE OF CURRENT WORK-RELATED OHIO LICENSE(S) OR PERMIT(S) HELD:

(CONTINUES ON REVERSE SIDE)

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EDUCATION:

Schools Attended	Location	Degree/Diploma Received

EMPLOYMENT HISTORY:

Place of Employment	Type of Work	Supervisor	Dates

REFERENCES:

Name	Position	Address	Phone Number

ACCOMPLISHMENTS / AWARDS / ORGANIZATIONS (Work-related):

ADDITIONAL INFORMATION:

Signature of Applicant

Date



ALONG WITH THIS COMPLETED APPLICATION, PLEASE SUBMIT THE FOLLOWING:

<u>For Administrative and Certified Positions:</u>	<u>For Classified Positions - Including Substitutes:</u>	<u>For Supplemental Positions:</u>
<ul style="list-style-type: none"> - Current BCI + FBI Background Checks - Copy of current Ohio license 	<ul style="list-style-type: none"> - Current BCI + FBI Background Checks - Copy of current Ohio certificate, license, or permit (if applicable) 	<ul style="list-style-type: none"> - Current BCI + FBI Background Checks - CPR and First Aid Certification - Fundamentals of Coaching Certificate - Concussion in Sports Certificate - Pupil Activity Permit