## BUCKEYE LOCAL SCHOOL DISTRICT ADMINISTRATIVE OFFICES 6899 State Highway 150 Dillonvale, Ohio 43917 Phone: (740) 769-7395 ~ 598-4160 ~ 546-4900

### PLEASE PRINT

Name of Applica	nt			
	(Last)	(First)	(Middle)	(Maiden)
Permanent Addre	988			
	(Street)	(City)	(State)	(Zip)
Telephone Numbe	er - Home	Work N	Work Number	
	(Area C	ode)	(Area Co	de)
Birthdate:		Social Security No.: _		
POSITION APPLI	ED FOR: (Please check)			
A. Maintenance		E. Aide		
B. Custodian		F. Cook		
C. Secretary		G. Summer Help		
D. Bus Driver*				
*Applicants for bus d	river position must have a valid	Ohio Drivers CDL License: CDL	License#	
BUS DRIVER APPLI				
1. Have you ever be	en charged with, arrested for, c	or convicted of any minor traffic v	iolation? If yes, pleas	se explain:
2. Have you had pas	t experience driving a bus or oth	er large vehicle? Yes:	No:	
PERSONAL DATA	A:			
1. Will you accept w		Yes:		
-	ditions that may limit your worki	ng capabilities? Yes:	No:	
-	en convicted of a felony?	Yes:	No:	
4. Are you presently		Yes:	No:	
If yes, why do yo	u wish to leave your present pos	ition?		

OFFICE RECORD (Not to be completed by applicant)

<b>FION:</b> (List schools attended s	starting with the most current)		
<u>School</u>	Location	Dates Attended	Check if <u>Graduated</u>
ment: (List places where you	have had full or part-time employmen	nt starting with the most current emp Dates	bloyer) Type of Work
nces: (Five references MUST <u>Name</u>			
	School  ment: (List places where you Employer	School       Location	School       Location       Dates Attended

#### TO BE COMPLETED BY ALL APPLICANTS:

Please discuss experience you have had in the field for which you are applying which would qualify you for this position:

#### CERTIFICATION

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interviews may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

# AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Buckeye Local Schools Board of Education that the best qualified applicant shall be selected for each position without regard to race, color, religion, national origin, age, sex, marital status, political affiliation or disabling conditions. No person shall be denied employment solely because of any impairment which is related to the ability in activities involved in the position or program for which application is made.