

NEWTON FALLS EXEMPTED VILLAGE SCHOOL DISTRICT  
909½ Milton Blvd.  
Newton Falls, OH 44444  
(330) 872-5445

CLASSIFIED APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Military Service Years \_\_\_\_\_

Salary \_\_\_\_\_ Check Position(s) Desired: Secretary \_\_\_\_, Custodian \_\_\_\_, Cafeteria \_\_\_\_,

Bus Driver \_\_\_\_, Library Aide \_\_\_\_, Educational Aide \_\_\_\_, Substitute \_\_\_\_, Other \_\_\_\_\_

Do you have any physical condition which would prevent you from carrying out the duties of the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_.

Education Institution	Dates	Degree	Semester Hours	Major/Minor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

References	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATEMENT AND RELEASE FOR BACKGROUND INVESTIGATION

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, and other appropriate sources. I waive my right to access any such information, and without limitation hereby release the school district and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Ohio or other State Department of Social Services Child Protection Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigation involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with a school district in Trumbull County.

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

\_\_\_\_\_  
Date

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The Newton Falls Exempted Village Board of Education does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.