Hardin-Houston Local School

5300 Houston Road, Houston, Ohio 45333

HOUSTON HOUSTON

Other

Ryan Maier Superintendent

Sara Roseberry Elementary Principal Amy Ayers Treasurer

Jeff Judy High School Principal ph: (937) 295-3010 fx: (937) 295-3737

Application for Employment Please complete this application and return to: Hardin-Houston Local School Attn: Superintendent of School 5300 Houston Road Houston, Ohio 45333 -or-Applicant's Name rmaier@hardinhouston.org PERSONAL DATA Social Security Number: ______ U.S. Citizenship: ☐ Yes ☐ No LAST NAME FIRST NAME MIDDLE NAME Address: _____ NUMBER AND STREET CITY/STATE/ZIP TELEPHONE NUMBER What is your condition of health for the past two years? _____ Do you suffer from any of the following: \(\square\) Vision Impairment ☐ Hearing Impairment ☐ Physical Disorder ☐ Mental Disorder Other _____ Number of missed work days last year: _____ Previous year: _____ Approximate number of days of accumulated sick leave (if applicable) _____ Present Position: Salary/Wage: List your responsibilities in your present position: ___________________________ For what position are you applying? Please check below: ☐ Aide Secretarial ☐ Computer Technology ☐ Bus Driver ☐ Coach Janitorial ☐ Cook ■ Maintenance

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1	4.										
2. 3.			5 6								
			O								
EDUCATION Name of School		Location	Dates Sem. H					ate of		Degree	
High School Last Attended		Location	From	To	Earned ¹	Average ²	Gra	Graduation Earned		ed	
Colleges or Unive	ersities Attended										
Mu ITADY SEDV	was Broom										
MILITARY SERV								Lei	Length of Service		
Induction Date	Discharge Date		Branch of Service					Yrs.	Mo.	Days	
Years (Dates) Employer			Address Positio				n	n Full or Part-Time			
Tears (Dates)	Lilipioyei		Audiess				1 contort		T dil of T dit Time		
REFERENCES		·						·			
Name – Position			Address					Phone Number			
May we contact	the above listed ref	erences?	Yes 🗌 No)							
I authorize a con Houston Local S	nplete criminal/traffichool District	ic record check	and I author	rize tha	t my record (if any) may be	disclo	osed to	the Hardi	n-	
I hereby acknow	ledge that the infor	mation I provide	d on this ap	plicatio	n is true to th	ne best of my k	nowle	edge.			
	nat I am not prevent f citizenship or imm					ted State beca	iuse o	f Visa o	r Immigra	ation	
	Signature of Applic										
;		Date									

Please Note: No Acknowledgment of this application will be forthcoming. Unless reactivated by written request, this application will be destroyed two years from date of filing.