

# Willard City Schools

123 Whisler Drive  
Willard, Ohio 44890

## Application for Employment

For Office Use Only	
Date Received _____	Position Applied For _____

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

Address \_\_\_\_\_  
(Street and Number) (City and State) (Zip Code)

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### Education

	Name of School	Address	Dates Attended	Diploma
High School				Yes No
College or Professional School				Yes No
				Yes No

### Experience

Employer	Address	Dates	Type of Work

### References

(Please list three people not related to you)

Name	Address	Telephone Number

The Willard City School District is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, handicap, age, or ancestry.

(Over)

**Please list knowledge and abilities you have that qualify you for the position.**

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**Please provide the information requested below.**

1. Are you lawfully authorized to work in the United States? Yes \_\_\_\_ No \_\_\_\_

2. Have you served in the U.S. Armed Forces? Yes \_\_\_\_ No \_\_\_\_

If yes, what branch of service? \_\_\_\_\_

What rank did you attain? \_\_\_\_\_ (E- \_\_\_\_\_ )

3. Do you have language skills other than English? Yes \_\_\_\_ No \_\_\_\_

I speak \_\_\_\_\_ I write \_\_\_\_\_

\_\_\_\_\_

4. Are you capable of performing the essential job functions of the position for which you are applying?

Yes \_\_\_\_ No \_\_\_\_

#### **Agreement**

I hereby certify that answers herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment that may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Willard Board of Education.

Applications for certain positions are subject to alcohol and controlled substance testing. As a condition of employment, you are required to become a member of the Ohio Association of Public School Employees or pay a fair-share fee.

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(Signature of Applicant)

(Date)

**Applications are confidential and are kept on file for one (1) year.**