Bluffton-Harrison M.S.D.

805 East Harrison Street Bluffton, Indiana 46714 Office: (260) 824-2620 Fax: (260) 824-6011



Classified Employment Application

| | | | Ар | plican | t Inforn | nation | | | | | | | |
|--|--------------------|-------------------|-----------------------------------|---------------------|---------------------------------|------------------|------------|-------------|--------------------|----------|-----|--|--|
| Full Name: | | | | | | | | | D | ate: | | | |
| | Last First | | | | | | | M.I. | | | | | |
| Address: | - | | | | | | | | | | | | |
| | Street Address | | | | | Apartment/Unit # | | | | | | | |
| | City | | | | | | | State | | ZIP Cod | le | | |
| Phone: () | | | | E-mail Address: | | | | | | | | | |
| Date Available: | | | | | | | | | | | | | |
| Position(s) A | Applied for: | Substitute Tea | Substitute Teacher | | | | | | | | | | |
| Athletic Coach | | Bus Driver | Custodian | | | Food Service | | | Instructional Aide | | | | |
| Library Aide | | Maintenance | Nurse | | Technology | | | Secretary/1 | reasure | urer | | | |
| If applying for Athletic Coach, please specify coaching position: YES NO YES NO | | | | | | | | | | | | | |
| Are you a cit | tizen of the Unite | | If no, are you authorized to work | | | | | rk in th | he U.S.? | YES | NO | | |
| | | | YES | NO | If yes, what position and when? | | | | | | | | |
| Have you ever worked for BHMSD? Have you ever been charged or | | | Ш | | and wr | nen? | | | | | | | |
| convicted of | ı or | YES | NO | If yes, | explain | : | | | | | | | |
| Do you have | | | | | | | | | | | | | |
| which might prevent you from performing work assigned? | | | YES | NO | If ves. | explain | | | | | | | |
| porronning t | voin accignica. | | | | , 500, | олріант | • | | | | | | |
| | NOTE: You will | be required to | provide | a crim | inal his | torv ch | eck as a | condit | ion of | emplovme | ent | | |
| NOTE: You will be required to provide a criminal history check as a condition of employment Previous Employment | | | | | | | | | | | | | |
| Employer: | | | | Mode | _mpio | ymone | Pho | ne: (| |) | | | |
| Address: | | | | | | | Supervi | sor: | • | • | | | |
| Job Title: | | | | Reason for Leaving: | | | | | | | | | |
| Responsibili | ties: | | | | | | | | | | | | |
| From: | To: | | | | | | _ | | | | | | |
| May we con | tact your previou | s supervisor for | a referen | ce? | YES | N |] | | | | | | |
| Employer: | | | | | | | Pho | ne: (| |) | | | |
| Address: | | | | | | | Supervi | sor: | | | | | |
| Job Title: | | | | Reason for Leaving: | | | | | | | | | |
| Responsibili | ties: | | | | | | | | | | | | |
| From: | To: | | | | VEC | N | 2 | | | | | | |
| May we con | tact your previou | s supervisor for | a referen | ce? | YES | N | _ | | | | | | |
| Employer: | | | | | | | Pho | ne: (| |) | | | |
| Address: | | | | | | | Supervi | sor: | | | | | |
| Job Title: Responsibili | ties: | | | | | Reaso | n for Leav | ving: | | | | | |
| From: | To: | | | | V/50 | | 2 | | | | | | |
| May we contact your previous supervisor for a re | | | | ce? | YES | N |] | | | | | | |

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Additional Job Skills

What specific skills or experiences do you have which would qualify you for this position:

Describe your decision making process:

Additional Information

Indicate highest grade completed: 9 or less 10 11 12 College

Provide any additional information regarding your education, training, coaching or related experience, talents, expertise, or personal traits, which you would like to offer for consideration for employment.

| Neit | erences | | | | | | | |
|--|---------------|--------|-------|---|--|--|--|--|
| Please list three professional and/or personal references. | | | | | | | | |
| Full Name: | Relationship: | | | | | | | |
| Email: | | Phone: | (|) | | | | |
| Address: | | | | | | | | |
| Full Name: | Relationship: | | | | | | | |
| Email: | | Phone: | (|) | | | | |
| Address: | | | | | | | | |
| Full Name: | Relationship: | | | | | | | |
| Email: | | Phone: | (|) | | | | |
| Address: | | | | | | | | |
| Disclaimer and Signature | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview maybe grounds for rejection or dismissal. | | | | | | | | |
| Signature: | | | Date: | | | | | |
| Return to: Bluffton-Harrison M.S.D., 805 East Harrison St, Bluffton, IN 46714 | | | | | | | | |

Bluffton-Harrison M.S.D. does not discriminate on the basis of religion, race, color, national origin,

sex, disability, age, marital status, genetic information, or any other legally protected characteristic, in its programs and activities, including employment opportunities.