



**Rolling Hills Local School District
P.O. Box 38
Byesville, OH 43723**

**NON-CERTIFIED EMPLOYEE APPLICATION
(Please Print)**

Date: _____

Check all positions for which you wish to apply:

- | | | | |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Substitute Bus Driver | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Substitute Maintenance |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Substitute Cook | <input type="checkbox"/> Paraprofessional | <input type="checkbox"/> Substitute Paraprofessional |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Substitute Custodian | <input type="checkbox"/> Secretary/Clerical | <input type="checkbox"/> Substitute Sec./Clerical |
| <input type="checkbox"/> RN/LPN | <input type="checkbox"/> Substitute RN/LPN | | |

Other- Please specify: _____

Name: _____ **Address:** _____
 First M.I. Last Street City State Zip

Social Security Number: _____ **DOB (MM/DD/YYYY):** ___/___/____ **Marital Status:** _____

Home Phone: _____ **Cell Phone:** _____

Children (#): _____ **Children (Ages):** _____

Known Physical Limitations: _____

Education:

High School	Date of Attendance	Graduation Year
_____	_____	_____

College	Date of Attendance	Graduation Year
_____	_____	_____

Employment:

Employer	Work Assignment	Dates of Service
_____	_____	_____

References:

Name	Address	Employer	Position	Phone Number
_____	_____	_____	_____	_____

Notes:

1. The Local Employee's Association OAPSE is recognized by the Board of Education.
2. This application will remain on file for two (2) years after which time it will be removed unless reactivated.

The Rolling Hills Local School District is an equal opportunity employer and follows Title VI of the Civil Rights Act of 1964, and Titles VII and IX of the Educational Amendments, all of which prohibits discrimination in hiring or working conditions on the basis of race, color, national origin or sex.

I hereby authorize the transfer of all my school records. I further authorize the Rolling Hills Local School District to contact the references and request release of information without notifying me that the information is being transferred. Records and references may be transferred to the other schools in the system without my written consent. In the event of employment, this document becomes a legal part of the contract. Any falsified statements in this document may be reason for dismissal.

Applicants Signature _____

Rolling Hills Local School District Check List for New Employees

It is our pleasure to welcome you to the Rolling Hills Local School District.

PRIOR TO YOUR EMPLOYMENT, the Superintendent needs the following:

For Office Use Only. Failure to provide any of the required documents may result in delay of the hiring process.

- _____ Letter of Recommendation from Building Principal, Supervisor.
- _____ Job Application or
- _____ Application for Supplemental Position (required every year) signed by Principal and Athletic Director, if applicable.
- _____ Position Appropriate Requirements
 - _____ Current Teaching License(s), if applicable
 - _____ Official Transcript of college credit
 - _____ Educational Aide Permit, if applicable
 - _____ Prof of Paraprofessional Assessment or Associate's Degree, if applicable
 - _____ Pupil Activity Permit, if applicable

- _____ BCI **AND** FBI Fingerprint records. If you are a new employee or if there has been a break in your employment with the District and you are being re-hired, you must have new BCI/FBI background checks done.

PRIOR TO YOUR EMPLOYMENT, the Transportation Supervision needs the following (For Bus Drivers Only):

- _____ CDL License
- _____ Proof of Ohio Bus Drivers Precertification Class
- _____ Satisfactory T-8 School Bus Driver Physical Examination
- _____ Satisfactory Drug-Alcohol test results and FMCSA Check Form
- _____ Satisfactory semi-annual O.D.E. Driver Record Check
- _____ School Bus Driver training records
- _____ Evidence of training related to Drugs and Alcohol
- _____ Evidence of training related to Blood-borne Pathogens
- _____ In-service training records and Annual Driving Certificate (Recent Only)

BEFORE BEING PAID, you must return this checklist to our Payroll Office with the following documentation that applies to your employment.

- _____ Verification of your employment from your previous school system(s), if applicable.
- _____ Withholding statements: Federal (W-4), State (IT-4), Local Tax (if applicable)
- _____ Employment Eligibility Information (I-9)
- _____ Social Security card,
and Driver's License OR Birth Certificate OR U.S. Military Card. (Need two forms of identity)
- _____ Transfer of accumulated sick leave days from your most recent Ohio Public Service Agency Employer, if applicable. You must request this information from your previous Treasurer's Office to be sent to our payroll office.
- _____ Health/Dental/Vision insurance enrollment forms, if applicable.
- _____ Life insurance enrollment form, if applicable.

Signature of Receipt

Date