



**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

**DOB (MM/DD/YYYY):** \_\_\_/\_\_\_/\_\_\_ **Marital Status:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**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** \_\_\_\_\_

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**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.

**NEED TO GET YOUR BCI AND FBI BACKGROUND CHECK DONE? CALL AND MAKE AN APPOINTMENT TODAY**

**MICHELE BAUGHMAN**  
**PHONE: 330-308-9939**  
**7077 GLENN HIGHWAY**  
**CAMBRIDGE, OH 43725**

**EAST CENTRAL OHIO EDUCATIONAL SERVICE CENTER (ECOESC)**  
**CODE 3319 39B1**

**JESSICA DEAN**  
**PHONE: 740-439-3553**  
**128 E 8<sup>TH</sup> STREET**  
**CAMBRIDGE, OH 43725**

**OHIO VALLEY EDUCATIONAL SERVICE CENTER (OVESC)**  
**CODE 3319 39B1**

**BCI IS ACTIVE AS LONG AS YOU LIVE IN THE STATE OF OHIO. FBI IS ACTIVE FOR 5 YEARS ONLY**

**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.