



Black River Local School District  
257-A County Road #40  
Sullivan, Ohio 44880-9731  
Office: (419)736-3300  
Fax: (419)736-3308  
[www.blackriverschools.org](http://www.blackriverschools.org)

Striving for  
Excellence  
Together.

Black River  
Board of Education

Black River  
Administrative  
Staff

Chris A. Clark  
Superintendent

Connie I. Hange  
Treasurer

Welcome:

Thank you for your interest in working for the Black River School District.

Attached is an Application for Employment. Please be advised that you must have your FBI and BCI fingerprints done and complete a Pre-Employment Drug screening. You can have your fingerprints done, at the administration office, the cost is \$55.00. The drug screening is done at the AIMS Clinic in Ashland at no cost to you. (See Barb Clark in the payroll department for the necessary paperwork).

If you have any questions, please feel free to contact us.

Sincerely,

*Mary L. Stefanik*

Mary L. Stefanik  
419-736-3300  
[mstefanik@blrv.org](mailto:mstefanik@blrv.org)



Fingerprints \_\_\_\_\_  
 Drug Test \_\_\_\_\_  
 Month on Board Agenda \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT - CLASSIFIED**

This application is used for the following areas: (Please check the areas in which you are applying)

Bus Driver \_\_\_\_\_ Teacher's Aide \_\_\_\_\_ Custodian \_\_\_\_\_ Supplemental \_\_\_\_\_  
 Maintenance \_\_\_\_\_ Casual Labor \_\_\_\_\_ Clerical \_\_\_\_\_ Van Driver: \_\_\_\_\_  
 Food Service \_\_\_\_\_ Mechanic \_\_\_\_\_ Handicapped Aide \_\_\_\_\_ Other: \_\_\_\_\_

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street/Road Apt No. City/State Zip Phone

County in which you live: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**EDUCATION**

Education	Name of School	Graduated (x)		Courses Taken
		Yes (date)	No	
High School				
Vocational				
College				
Other				

**EXPERIENCE**

Employment Experience	Present/Last Job Held		Second to Last Job		Third to Last Job	
	From:	To:	From:	To:	From:	To:
Dates Held:						
Company						
Address						
Phone Number						
Supervisor						
Position Held						
Why did you leave?						

**MILITARY**

Did you serve in the U.S. Armed Forces:  Yes  No

If yes: Dates of service \_\_\_\_\_ Rank when separated \_\_\_\_\_

Present military classification \_\_\_\_\_

If a driver's license is required for the position for which you are applying, give the following:

Operator's License No.: \_\_\_\_\_ Chauffer's License No.: \_\_\_\_\_

School Bus Operator's License No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

Are you interested in: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Substitute \_\_\_\_\_  
(You may check more than one)

Are there any particular experiences, skills, or qualifications which you feel would help you perform the job(s) you are applying for?

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Have you any objections to the Board of Education making inquiry regarding your character and qualifications from your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of any violation of law except minor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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**REFERENCES**

Name	Title	Address	Phone

I hereby certify that all answers to the above questions and all statements on this application are true. I understand that false statements can be reason for termination of employment.

\_\_\_\_\_  
Applicant's Signature

*It is the policy of the Black River Local School District that educational activities, employment programs, and services are offered without regard to race, color, religion, sex, national origin or ancestry, age, status or handicap.*