

**The Hilliard City School District
is accepting applications for the
Custodial Civil Service Examination**

Applications are available at Hilliard City Schools,
Central Office, 2140 Atlas Street, Columbus, OH 43228
Wednesday, January 9 through Wednesday, January 23, 2019
7:30 a.m. to 4:30 p.m. Monday – Friday
or online at: www.hilliardschools.org/district/employment

POSTMARK DEADLINE:

**All applications must be notarized and mailed
with a postmark date no later than Wednesday, January 23, 2019.
Hand-delivered applications will not be accepted.**

MAIL TO:

Hilliard City School District, Attn: Civil Service Custodian
2140 Atlas Street, Columbus, OH 43228
In order for application to be accepted,
a \$20.00 non-refundable payment must accompany application.
Check or money order must be payable to: Hilliard City School District

**A custodian computerized examination will be given on
Tuesday, February 12, OR Thursday, February 14, 2019, during normal business hours.
Exam times to be assigned individually.**

Applicants will be notified of scheduled appointment.

Exams to be held at Central Office, 2140 Atlas Street, Columbus, OH 43228.

APPLICANTS MUST BE AT LEAST 21 YEARS OF AGE AND HOLD A HIGH SCHOOL DIPLOMA OR GED.

Wages start at \$17.50 per hour plus shift differential if applicable.

Hilliard City School District is an equal opportunity employer.

EMPLOYMENT HISTORY (begin with most current):

1) Employer name: _____
Job title: _____ Supervisor: _____
Work performed: _____
Dates employed: FROM: _____ (month/year) TO: _____ (month/year)
Reason for ending employment: _____

2) Employer name: _____
Job title: _____ Supervisor: _____
Work performed: _____
Dates employed: FROM: _____ (month/year) TO: _____ (month/year)
Reason for ending employment: _____

3) Employer name: _____
Job title: _____ Supervisor: _____
Work performed: _____
Dates employed: FROM: _____ (month/year) TO: _____ (month/year)
Reason for ending employment: _____

4) Employer name: _____
Job title: _____ Supervisor: _____
Work performed: _____
Dates employed: FROM: _____ (month/year) TO: _____ (month/year)
Reason for ending employment: _____

REFERENCES:

Please provide name, title and telephone number of three professional references:

- 1) _____
- 2) _____
- 3) _____

(continued on next page)

ATTENTION MILITARY VETERANS:

If you have served in the U.S. Military service and you wish to receive credit, you must attach a copy of your discharge letter (DD214) to this application. The application and discharge letter must be returned at the same time.

IMPORTANT: PLEASE READ BEFORE SIGNING!

Hilliard City Schools (HCS) is an Equal Opportunity Employer. HCS offers equal employment opportunity and equal consideration to all persons who seek employment with HCS as well as those who are already employed with HCS in another capacity. No employee or applicant will be discriminated against on the basis of race, color, ancestry, religion, creed, national origin, sex, age, veteran status, disability and/or any other characteristic protected by federal, state or local law.

As part of this application for employment, I hereby waive any confidentiality of records associated with prior employment and I hereby authorize Hilliard City Schools to investigate my references and to make and preserve such records. I further agree that the giving of any false or misleading information by me may be grounds for termination of employment immediately.

(Signature indicates statement above has been read)

Your notarized application, along with a \$20.00 check or money order for the examination fee, and DD214 form if applicable, must be mailed together in one envelope by the postmark deadline date to:

Hilliard City Schools
Human Resources - Civil Service
2140 Atlas Street
Columbus, OH 43228

AFFIDAVIT:

STATE OF OHIO, COUNTY OF: _____ (e.g. Franklin)

I, _____, being duly sworn, state that the foregoing information is true to the best of my knowledge and belief. I understand and authorize a background investigation.

Applicant (to sign in the presence of Notary Public)

Sworn before me in my presence subscribed this _____ day of _____, _____.
(date) (month) (year)

(Place stamp/seal here)

NOTARY _____

My Commission expires on _____