

Southern Ohio ESC
 3321 Airborne Rd.
 Wilmington, Ohio 45177

APPLICATION FOR EMPLOYMENT
 (REVISED 7/1/98)

Prospective employees will receive consideration without discrimination because of race, creed, color, gender, age, national origin, disability or veteran status.

P E R S O N A L	Last Name _____ First _____ Middle _____			Date _____
	Street Address _____			Home Phone _____ () _____
	City, State, Zip _____			Business Phone _____ () _____
	Have you applied for employment with us previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			Social Security No. _____
	Position Desired _____			Pay Expected _____
	(Teachers only) Please list all areas of certification _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(Apart from absence for religious observances, are you available for full-time work?) <input type="checkbox"/> Yes <input type="checkbox"/> No If Not, what hours can you work? _____			When will you be available to begin work? _____
	Are you legally eligible for employment in the United States? _____			
	Other special training or skills (languages, machine operators, extracurricular, etc.) _____			
	How did you learn of our school district? _____			

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS
 (Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT HISTORY

(You may attach a resume in lieu of completing this section.)

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company or School District Name	Telephone	
	Address	Employed (State Month and Year)	
	Name of Supervisor or Principal	From	To
	Grade and Subjects Taught or Job Title and Description of your work. _____	Annual Salary	
		Start	Last
		Reason for Leaving	

2	Company or School District Name	Telephone	
	Address	Employed (State Month and Year)	
	Name of Supervisor or Principal	From	To
	Grade and Subjects Taught or Job Title and Description of your work. _____	Annual Salary	
		Start	Last
		Reason for Leaving	

3	Company or School District Name	Telephone	
	Address	Employed (State Month and Year)	
	Name of Supervisor or Principal	From	To
	Grade and Subjects Taught or Job Title and Description of your work. _____	Annual Salary	
		Start	Last
		Reason for Leaving	

4	Company or School District Name	Telephone	
	Address	Employed (State Month and Year)	
	Name of Supervisor or Principal	From	To
	Grade and Subjects Taught or Job Title and Description of your work. _____	Annual Salary	
		Start	Last
		Reason for Leaving	

5	Company or School District Name	Telephone	
	Address	Employed (State Month and Year)	
	Name of Supervisor or Principal	From	To
	Grade and Subjects Taught or Job Title and Description of your work. _____	Annual Salary	
		Start	Last
		Reason for Leaving	

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT
Employer Number(s) _____ Reason _____

MILITARY

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES

Branch of Service

Describe your duties and any special training

Period of Active Duty (Month & Year)

From _____ To _____

Rank at Discharge

Date and Type of Final Discharge

GENERAL INFORMATION

Are you a U.S. Citizen?

Yes No

Have you ever been bonded?

Yes No If Yes, with what employers?

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?

Yes No If Yes, describe in full

(Note: All employment is subject to the results of a criminal records check.

State names of relatives and friends working for us other than your spouse.

Have you ever received disability insurance?

Yes No

Have you ever received worker's compensation?

Yes No

Have you any physical defects which preclude you from performing certain jobs? Yes No If Yes, describe limitation.

Please provide a brief statement concerning your particular strengths and abilities which would benefit the Clinton-Fayette-Highland Educational Service District.

SIGNATURE

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. Candidates for employment may be required to undergo a criminal records check as required by the O.R.C. 3319.39.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date

_____ Signature

THIS PAGE FOR EMPLOYER USE ONLY

R E F E R E N C E C H E C K	EMPLOYER	PERSON CONTACTED	RESULTS
	1		
	2		
	3		
	4		
	5		

A P P L I C A T I O N I N F O R M A T I O N	TO:	DATE	COMMENTS

I N T E R V I E W R E S U L T S	INTERVIEWER NAME AND COMMENTS