



Application for Employment

3120 F1

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact Stephanie VanDusen.

PLEASE PRINT

Position(s) applied for _____ Date of Application _____ / _____ / _____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source (if applicable) _____

LAST NAME		FIRST NAME		MIDDLE	
ADDRESS (STREET, RT. & BOX NO.)			CITY		STATE
					ZIP
TELEPHONE NUMBER			SOCIAL SECURITY NUMBER		

If necessary, best time to call you at home is _____ : _____ a.m./p.m.

May we contact you at work?..... Yes No

If yes, work number and best time to call(_____) _____ : _____ a.m./p.m.

Have you filed an application here before? Yes No

If yes, give date..... _____ / _____ / _____

Have you ever been employed here before?..... Yes No

If yes, give dates From _____ / _____ / _____ To _____ / _____ / _____

Are you legally eligible for employment in this country? Yes No
(In accordance with Federal Law, any person employed by this District must provide evidence that she/he is eligible to work in the United States.)

Date available for work _____ / _____ / _____

Type of employment desired Full Time Part Time Temporary Seasonal Educational Co-op

Are you on Layoff and subject to recall?..... Yes No

Will you relocate if job require it? Yes No

Are you able to meet the attendance requirements of this position?..... Yes No

Will you work overtime if required? Yes No

Have you ever been bonded?..... Yes No

Have you been convicted of a felony and/or a misdemeanor other than traffic offenses?..... Yes No

If yes, please explain: _____

Driver license number (if job related) _____ State _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer (or School District)	Telephone ()	Dates Employed		Summarize the nature of the Work performed and job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer (or School District)	Telephone ()	Dates Employed		Summarize the nature of the Work performed and job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
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May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
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Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications. Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our School District. _____

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent, B. List number of years completed, C. Indicate degree or diploma earned, if any, D. Grade Point Average or Class Rank, and E. Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree Diploma	D. GPA or Class Rank	E. Major	F. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

Certification

(Note: Please submit a photocopy of all of your Ohio teaching certificates with this application.)

Name of Ohio Teaching Certificates you hold	Date Issued	Date of Expiration	Certificate Number	Subjects or Grades Appearing on Certificates

Practice Teaching

I completed my student teaching experience at: (Omit if you have two or more years of experience.)

Name of School City and State	Grades and Subjects Taught	Supervising Teacher/Phone No.	Dates

References

List name and telephone number of three business/work references that are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references that are **not** related to you.

Name	Telephone	Years Known
	Area Code ()	
	Area Code ()	
	Area Code ()	

List professional trade, business, civic associations, and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected categories.)

Organization	Offices Held

List special accomplishments, publications, awards (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected categories.)

List any additional information you would like us to consider.

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representative for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant's considerations for employment on a basis prohibited by local, state, or federal law.

This application is current for 12 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that no representative of the Mid-East Career and Technology Centers has the authority to make assurance of employment until official hiring action is taken by the Board of Education at one of its regular monthly meetings.

I understand it is the Board's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date _____



Affirmative Action Voluntary Information

(Completion of information below is voluntary)

It is the policy of this District that no candidate for a position in this District shall be discriminated against on the basis of race, color, religion, national origin, citizenship status, creed ancestry, age, gender, marital status, non-disqualifying disability, height, or other protected categories.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

PLEASE PRINT

Position(s) applied for _____ Date of Application _____ / _____ / _____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____
 Name of Source (if applicable) _____

Male Female

LAST NAME	FIRST NAME	MIDDLE	
ADDRESS (STREET, RT. & BOX NO.)	CITY	STATE	ZIP

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multi-Racial |

Special Notice: To Vietnam Era Veterans and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ or advance in employment qualified disabled veterans, veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

- Vietnam Era Veteran (served between 1964-1975) Disabled Veteran Individual with a disability

For Personnel Department Use Only

Position(s) applied for Available Not Available

Other positions considered for _____

Hired: Yes No

Position hired for _____ Date of hire _____ / _____ / _____

From EEO classifications listed below, which one best describes the position filled.

- | | | | |
|-------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Professional | <input type="checkbox"/> Office and Clerical Worker | <input type="checkbox"/> Laborer (unskilled) | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Craft Worker (skilled) | <input type="checkbox"/> Service Worker | <input type="checkbox"/> Operative (semi-skilled) | |

NOTES: _____

Completed by _____ Date _____ / _____ / _____