

Application for Employment

CLASSIFIED STAFF

IT IS THE POLICY OF THE SPRINGFIELD/CLARK COUNTY CTC THAT EDUCATIONAL ACTIVITIES, EMPLOYMENT, PROGRAMS AND SERVICES ARE OFFERED WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, GENDER, DISABILITY OR AGE.

ANSWER ALL QUESTIONS – PLEASE TYPE OR PRINT

Date of Application _____

Position (s) applied for _____

Name _____ Social Security No. _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Phone (_____) _____ Cell Phone (_____) _____

Are you known to schools/references by another name Yes No

If yes, by what name? _____

Email Address: _____

Are you a United States citizen? Yes No

a. If not, will you be obtaining your U.S. citizenship soon? Yes No

b. After hiring, proof of your citizenship will be required. (i.e., social security card, etc.)

Have you ever been convicted of any crime where you endangered the life or well being of a child? Yes No

EMPLOYMENT EXPERIENCE

List each job held starting with your **present/or last job**. Include military service assignments and volunteer activities.

Employer	Supervisor	Dates	
		FROM	TO
Address			
Email:			
Job Title	Major Duties	Hourly Rate/Salary	
		STARTING	FINAL
Reason for leaving			

EMPLOYMENT EXPERIENCE CONTINUED

List each job held starting with your **present/or last job**. Include military service assignments and volunteer activities.

Employer	Supervisor	Dates	
		FROM	TO
Address			
Email:			
Job Title	Major Duties	Hourly Rate/Salary	
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Reason for leaving			

If you need additional space, please continue on a separate sheet of paper.

Summarize special skills and qualifications acquired from employment or other experience: _____

EDUCATIONAL RECORD

School	Circle Highest Years Attended	Name of School	Location	Certificate or Degree
High	1 2 3 4			
Vocational	1 2 3			
Technical	1 2 3			
College	1 2 3 4 5			
Other	1 2 3			

MILITARY STATUS

<i>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</i>	Branch of Service
Describe your duties and any special training.	Period of active duty (Month & Year) From _____ To _____
	Rank of discharge
	Date of final discharge

Give three (3) references not related to you.

NAME	ADDRESS	PHONE	OCCUPATION
1.			
	Email:	Cell:	
2.			
	Email:	Cell:	
3.			
	Email:	Cell:	

I affirm the facts set forth in this application are true and complete, and I understand that false statements or information withheld on this application shall be considered sufficient cause for dismissal. I hereby authorize the release of all information from previous employers, educational institutions, and records to the Springfield/Clark County CTC Board of Education. I also grant permission for a background search by the Clark County Sheriff's Department or any other law enforcement agency deemed necessary (a signature is required for employment consideration).

Signature _____

NOTE: Your application will remain in our active file for one (1) year. If you would like to continue your application after that time, please notify our office in writing.

Upon employment, the following credentials must be filed with the Treasurer, Board of Education.

1. Signed contract for the current school year.
2. Transcript of college credits, if applicable.
3. Form W-4 Withholding Exemption Certificate.
4. Ohio Withholding Exemption Certificate.
5. City Tax Withholding Exemption Certificate.
6. Employment Eligibility Verification Form I-9.
7. Ohio Retirement System Form.
8. Certificate of Accumulated **OHIO** Sick Leave, if applicable.
9. Written evidence of recent T.B. skin or chest x-ray.

To obtain the proper forms or application, contact the office of the Treasurer at your earliest convenience.

*Original documents will be returned upon request after photo-copies are made.

DO NOT WRITE IN THIS BOX

FOR OFFICE USE ONLY

Date received _____

Interviewed by _____

Date interviewed _____

Employed Yes No

Date _____

Job title _____

Department _____

Initials _____

Hourly Rate/Salary _____