

Centerburg Local Schools

Application for Employment

119 S. Preston Street
Centerburg, OH 43011
740-625-6346
FAX 740-625-9939

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

PERSONAL	Last name	First	Middle	Date
	Street Address			Home Phone ()
	City, State, ZIP			Business or College Phone ()
	Position desired			Cell Phone ()
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Pay expected _____ Present pay _____
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Credentials: Where obtained?			

EDUCATION	School	Name and Location of School	Course of study	No. of Years Completed	Did you Graduate? Date	Degree or Diploma
	HIGH SCHOOL				<input type="checkbox"/> No <input type="checkbox"/> Yes Date _____	
	COLLEGE				<input type="checkbox"/> No <input type="checkbox"/> Yes Date _____	
	COLLEGE				<input type="checkbox"/> No <input type="checkbox"/> Yes Date _____	

List Ohio Certification: specify type, grade issued, subject:

Extra Curricular Activities: List all activities you would direct or coach:

Do you have a physical disability which might inhibit you carrying out the duties for which you have applied? Yes No
If yes, what accommodations could we make that would allow you to fulfill the responsibilities for which you are applying? _____

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EMPLOYMENT HISTORY

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

1	School/Employer	Telephone ()
	Address	Length of employment (month and year): From: To:
	Name of Supervisor(s)	Reason for leaving:
	Assignment	

2	School/Employer	Telephone ()
	Address	Length of employment (month and year): From: To:
	Name of Supervisor(s)	Reason for leaving:
	Assignment	

3	School/Employer	Telephone ()
	Address	Length of employment (month and year): From: To:
	Name of Supervisor(s)	Reason for leaving:
	Assignment	

M I L I T A R Y	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 and year): From: To:
		Rank at Discharge
		Date of Final Discharge

R E F E R E N C E S	Someone other than former employers or relatives:			
	Name	Occupation	Complete Mailing Address	Area Code Phone Number

In your own handwriting, write briefly on any one of the following topics:

1. Why did you go into teaching?
2. If you were to create an ideal school, what would be the components?
3. What role does discipline play in education today?

Use the back of this application for this information as well as any other information you wish to provide.

It is understood and agreed that Centerburg Local Schools may contact former employer(s) for verification of my employment history and the BCI/FBI (fingerprints) for a background criminal record check and I hereby consent to such inquires.

I understand that if I am employed prior to the District's receipt of the BCI/FBI report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experiences as verified by contacts with former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education's policies, established rules and regulations, and with State Law regarding eligibility for employment.

I further understand that falsification of any and all information on this application or unsatisfactory reports shall result in my being disqualified from employment or in my employment being terminated. By affixing my signature, I agree to the conditions listed on this application and will confirm, if employed, that this statement is my resignation from employment with Centerburg School should I fail to fulfill these conditions.

signature of applicant

date

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The information provided in this Application for Employment is true, correct and verifiable to the best of my knowledge and belief.

All blanks must be filled in when the application is returned, regardless of any attached information or college credentials. If necessary, the word "none" or "not applicable" may be used.

All information on this form must be accurate, complete and verifiable. The supplying of false or misleading data will be regarded as just and sufficient cause for refusal of employment or dismissal after employment.

All information given is correct to the best of my knowledge and belief.

Date

Signature