

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 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?

Check Position Desired:

	Full Time	Substitute
_____ Cook	_____	_____
_____ Head Cook	_____	_____
_____ Custodian	_____	_____
_____ Head Custodian	_____	_____
_____ Nurse	_____	_____
_____ Coach (Indicate sport) _____		

	Full Time	Substitute
_____ Secretary	_____	_____
_____ Teacher Aide	_____	_____
_____ Bus Mechanic	_____	_____
_____ Bus Driver	_____	_____
_____ Assistant Treasurer	_____	_____
_____ Other _____	_____	_____

EDUCATION	Did you graduate from high school _____ Yes _____ No _____ If yes, give the name of school _____
	Address _____
	Year of graduation _____ If you did not graduate, what was the last year of school you completed? _____
	Name of last school attended _____ Date of leaving _____
	Address _____
	List any technical school, college, or training completed and number of hours/degree/certificates earned (use back of application if needed): _____ _____

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? _____

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
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