

Do you have a valid CDL License? _____ Yes _____ No

Do you have a valid Ohio driver's license? _____ Yes _____ No

State and number: _____ Expiration Date: _____

Education:

High School Graduate _____ Yes _____ No Name of High School (including city and state): _____

GED Yes _____ No

College Graduate Yes _____ No College or University: _____ Degree: _____

Major and/or Minor: _____

Additional qualifications (i.e. specialized training, trade or professional organizations):

List three references who are **not** related to you. Include your most recent supervisor.

Name Address City State Zip Phone

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Name Address City State Zip Phone

Employment History: Include all jobs held within the past ten (10) years. Also include earlier job history if it is pertinent to the position(s) for which you are applying. Begin with your most recent job.

Employer/Address _____ Name of Supervisor _____

Job Title _____ Employment Dates: From: To: _____

Duties: _____

Reason for leaving: _____

Employer/Address _____ Name of Supervisor _____

Job Title _____ Employment Dates: From: To: _____

Duties: _____

Reason for leaving: _____

Employer/Address _____ Name of Supervisor _____

Job Title _____ Employment Dates: From: To: _____

Duties: _____

Reason for leaving: _____

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Duties: _____

Reason for leaving: _____

Employer/Address

Name of Supervisor

Job Title

Employment Dates: From: To:

Duties: _____

Reason for leaving: _____

Employer/Address

Name of Supervisor

Job Title

Employment Dates: From: To:

Duties: _____

Reason for leaving: _____

Use Additional sheets if necessary

Summarize special skills and qualifications acquired from education, employment, or other experience which may be relevant to the position(s) for which you are applying. Indicate any supervisory experience you have had if it is not explained in your job history.

Applicant Certification, Consent and Release

I hereby certify that all of the statements in this application for employment are true and complete to the best of my knowledge. I understand that failure to provide accurate and complete information on this form and in connection with my application may result in the rejection of my application, a decision not to hire me, the withdrawal of any offer of employment, and/or the termination of my employment. I authorize the Vinton County Local School District to contact, request, and receive from any or all **person(s), employer(s), company(ies), and/or entity(ies)** listed in this Application in order to verify the information provided in this application and to assess my suitability for employment with the District. I understand that this inquiry may include collection of information relating to my character, general reputation, and personal characteristics as those subjects bear on my suitability for employment, in addition to other information relating to my educational and work experience. I release the Vinton County Local School District and any such **person(s), employer(s), company(ies), and/or entity(ies)** from any liability for any damage that may result from the furnishing and/or receipt of such information. I further agree that the Vinton County Local School District may withhold the release to me of personal reference information (not including data relating to my educational qualifications, criminal record and employment experience), provided that the information obtained is used solely to determine my suitability for employment with the District. I understand that a criminal background check by means of a fingerprint check with the Ohio Bureau of Criminal Identification and Investigation and/or the Federal Bureau of Investigation according to R.C. 3319.39 may be required as part of this application if I come under final consideration for employment, and that a satisfactory criminal records check is a precondition to my employment. I understand that my employment must be approved by the Vinton County Board of Education in order to be effective.

SIGNATURE OF APPLICANT REQUIRED

DATE

Equal Employment Opportunity

The Vinton County Local School District provides employment and educational opportunities without discrimination on the basis of any prohibited classification and in compliance with all applicable federal and state anti-discrimination laws. Applications from all individuals are welcomed; minorities are especially encouraged to apply.

Authorization to Provide Information and Release of Liability

To: _____

From: (Name of Applicant) _____

As an applicant for a position with the Vinton County Local School District I have been requested to provide information for use in determining my qualifications for employment. In connection with my application, I authorize you to disclose to representatives of the Vinton County Local School District any information that you have concerning me.

I waive any claim to confidentiality that I may have in the information released. whether provided by Ohio or any other law. policy or contract provision. and release you, your organization and its employees, agents, and anyone acting on its behalf from any and all claims, liability **and/or** damages of any nature that may result from furnishing the information requested pursuant to this authorization.

A photocopy of this document shall be considered as valid as the original. The authorization to provide information pursuant to this document shall expire one year after the date of signature below.

(Signature)

(Date)

(Printed Name)