



APPLICATION FOR EMPLOYMENT

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANER OF THE FIRST DEGREE.

PERSONAL INFORMATION	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No	SOCIAL SECURITY NUMBER	TODAY'S DATE
	NAME (Last, First, Middle)		
	PRESENT ADDRESS (Street, City, Zip)		
	PERMANENT ADDRESS (Street, City, Zip)		
	HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL

VOLUNTARY QUESTIONS	Answering the following questions is voluntary:		
	Are you prevented from lawfully becoming employed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>School districts are required to conduct initial employment background checks prior to employment under Ohio Revised Code 3319.39.</p> <p>No board of education may hire a person who has been convicted of or pleaded guilty to any of the offenses listed in Ohio Revised Code 3319.39 (B)(1)(a). This prohibition applies to all employees, both licensed and nonlicensed, and transportation employees.</p>	
	Height _____ Weight _____		
	Date of Birth *		
	What Foreign Languages do you speak fluently?		
Read _____ Write _____			
<p><i>*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.</i></p> <p><i>**You will not be denied employment solely because of a conviction record unless the offense is related to the job for which you have applied.</i></p>			

EMPLOYMENT DESIRED	POSITION	DATE YOU CAN START	SALARY DESIRED	
	ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	EVER APPLIED TO CLSD BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION	Name and Location of School	*Number of Years Attended	*Did You Graduate?	Subjects Studied
	HIGH SCHOOL			
	COLLEGE			
	TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

OTHER EXPERIENCE	SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK		
	US MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

LIST LAST FOUR EMPLOYERS:

FORMER EMPLOYERS	DATE (MONTH/YEAR)	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
	FROM			
	TO			
	FROM			
	TO			
	FROM			
TO				

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR:

REFERENCES	NAME	ADDRESS	RELATIONSHIP	YEARS ACQUAINTED
	1			
	2			
	3			

PHYSICAL RECORD	Do you have any physical limitations that preclude you from performing any work for which you are being considered?	If Yes, what can be done to accommodate your limitations? Please Describe:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

IN CASE OF EMERGENCY NOTIFY		
(NAME)	(ADDRESS)	(PHONE NUMBER)

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

The Columbia Local School District does not discriminate on the basis of race, color, national origin, ancestry, citizenship status, sex, religion, economic status, sexual orientation, age, disability or on the basis of legally acquired genetic information in employment or the provision of services

DATE	SIGNATURE
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DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

HIRED: YES NO POSITION: _____ DEPARTMENT: _____

SALARY/WAGE: _____ DATE REPORTING TO WORK: _____

APPROVED: _____