

Four County Career Center 22-900 State Route 34 Archbold OH 43502 (419)267-3331

2/2016

APPLICATION FOR EMPLOYMENT

Applications are filed for two (2) years.

TAI	La Colonia de la	W .	200
ν	ease	PPIP	s fi
	Last	1 1 11	8 E

Date of Application Position Applying for:				
Referral Source:AdvertisementFriend	lRelative	Walk-InC	Other	
Name: Last Firs	f	Middle		
Address: Street Number or P.O. Box Street Name	City	State	Zip	
Phone: ()	Phone: (
Email				
Have you previously filed an application here?	No	_Yes; If yes, date		
Were you previously employed by Four County?	No	_Yes; If yes, date		
Currently employed?NoYes; May	we contact you	r present employer? _	NoYes	
Are you able to workFull TimeP	art TimeT	Temporary Days	Evenings	
If employed and you are under 18 years of age, a work permit will be required.				

The Four County Joint Vocational School District is an equal opportunity educational institution. Employment and educational programs are offered without regard to race, color, religion, national origin, gender, disability, military status, ancestry, age, genetic information or any other legally protected characteristic and provide equal access to the Boys Scouts and other designated youth groups. The district prohibits harassment of individuals in any form.

Pursuant to Ohio Revised Code Section 3319.39 and the employment practice of the Four County Career Center Board of Education, any applicant who has applied for employment in any position will be subject to a criminal records check, which will be conducted by the Bureau of Criminal Identification and Investigation and which will also include information from the Federal Bureau of Investigation unless otherwise provided for by law. Note that if the information from the criminal records check reveals that the applicant has been convicted of one or more prohibited offenses, such convictions shall disqualify the applicant from employment with Four County Career Center unless otherwise provided for by law.

High School:	Date Completed:	
Highest Grade Completed:	_ Diploma/Degree:	
College:	Major/Minor:	
Address:		
Degree:		
Name that appears on college transcript:		
College:	Major/Minor:	
Address:		
Degree:	Total Hours: Semester	Quarters
Name that appears on college transcript:		
LICENSURE: (only complete if applying	for a certified position)	
Do you hold a valid Teaching License from	the Ohio Department of Education?	NoYes
If yes, License Type:	Date Issued:	
Credential Number:	_ State: Date Issued:	
If you hold a Resident Educator License, list	t year completed:	
Have you been trained as an Instructional M Educator teachers?		
Do you hold a Continuing Contract in any C	Ohio school district?NoY	es
If yes, list district:		

RELEVANT EMPLOYMENT EXPERIENCES:

(Include work as well as student teaching background.)

Start with your most current relevant job. You may include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Company Name:
Address:
Job Title:
Supervisor:
Dates of Employment:
Reason for Leaving:
Company Name:
Address:
Job Title:
Supervisor:
Dates of Employment:
Reason for Leaving:
Company Name:
Address:
Job Title:
Supervisor:
Dates of Employment:
Reason for Leaving:

and the second second	n the armed forces?		ates:		
specialized trainin	itional skills, experience g you have received, app elong to, honors you hav	orenticeship skills, ex	tra-curricu	ılar activities, cl	
REFERENCES: List name, address	and telephone numbers	of three references v	vho are not	related to you.	
Name:	Address:	City:	State:	Zip Code:	Phone:
	12001200			Esp cour.	
		1		The second secon	
I certify that all the statements made by me in this application are true, complete and correct to the best of my knowledge and that I am aware that any false statements will be sufficient cause for rejection.					ıy knowledge and
I hereby authorize the transfer of all school records. I further authorize Four County Joint Vocational School District to contact any references whose names I have submitted to discuss my willingness and ability to perform the job for which I am applying. I also release the School district and any of the persons providing information from any liability or legal claims for making					
such contact or from u	sing or providing any of the i	nformation obtained.			
I understand that the school may want to verify the statements I have made in this application. I hereby give my permission for its authorized representative either at this time or any time during my employment, to request and review any of my medical records, employment records, court records and police records from any local, state or federal agency keeping such records. Records, references and information transferred by this release are not to be transferred to any other third party.					
Applicant Signatur	e			Date	
* * * * * * * * * * * * * * * * * * * *					
		For Office Use Only	y		
Interviewed by: Date:					