



7877 US Highway 42 S
 Plain City OH 43064-9554
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Carl J. Berg, Superintendent

Date: _____

EMPLOYMENT APPLICATION

Tolles Career & Technical Center does not discriminate against any individual for reasons of race, color, religion, age, gender, disability, or national origin.

PLEASE PRINT

Name: Last	First	Middle	Social Security No.	
Address: Street & Number	City		State	Zip
Permanent Address (if different): Street & Number	City		State	Zip
Telephone: ()	Cell Phone Number: ()		E-Mail Address:	

POSITION

- Administration
- Guidance
- Career Technical Instruction (Subject) _____
- Academic Instruction (Subject) _____
- Adult Ed Instruction (Subject) _____
- Substitute Instruction (Subject) _____
- Office/Clerical
- Maintenance/Custodial
- Cafeteria
- Other Specify _____

MILITARY SERVICE

Branch of Service	Dates		Number of Months	Total Years	Highest Rank Attained	Present Military Status
	From	To				

GENERAL INFORMATION

1. Are you a citizen of the United States of America or otherwise authorized to work in the USA?
Yes No

2. Have you lived in the State of Ohio for the last five years?
Yes No

3. Have you ever been convicted or are you presently under any indictment for a felony or misdemeanor, or have you ever had a record of such expunged? (You may omit traffic violations for which a fine of \$100 or less was imposed.) Yes No
If yes, state the date, charge, place of occurrence, court involved, and action taken of each offense.

A "Yes" response will not automatically preclude employment

4. Have you ever been nonrenewed, dismissed, or not reemployed? Yes No
If yes, with whom and why:

5. Have you ever worked under or been issued a continuing contract (tenure)? Yes No

6. What is your expected salary?

7. Are you currently under contract for next year?

8. What are your special interests & hobbies?

9. When would you be available for an interview?

10. When would you be available to begin employment?

ADMINISTRATIVE & INSTRUCTIONAL APPLICANTS ONLY

1. Are you currently certificated or licensed for the position for which you are applying? Yes No

2. Type of Certificate/License: _____ Certificate/License No: _____
***** Submit a COPY of your current certificate/license with this application.*****

3. When does your current certificate/license expire?

4. Have you ever had a teaching certificate or license revoked? Yes No

EMPLOYMENT HISTORY

List all work experience within the past 20 years. Include present employer. (*Indicate if your name was different at time of employment.)

1. Name of School/Business _____ *Name _____
 Street Address _____ City _____ State _____ Zip _____
 Employ Dates _____ Annual Salary _____ Type of Work _____
 Supv. Name _____ Contract Type _____ Reason for Leaving _____

2. Name of School/Business _____ *Name _____
 Street Address _____ City _____ State _____ Zip _____
 Employ Dates _____ Annual Salary _____ Type of Work _____
 Supv. Name _____ Contract Type _____ Reason for Leaving _____

3. Name of School/Business _____ *Name _____
 Street Address _____ City _____ State _____ Zip _____
 Employ Dates _____ Annual Salary _____ Type of Work _____
 Supv. Name _____ Contract Type _____ Reason for Leaving _____

4. Name of School/Business _____ *Name _____
 Street Address _____ City _____ State _____ Zip _____
 Employ Dates _____ Annual Salary _____ Type of Work _____
 Supv. Name _____ Contract Type _____ Reason for Leaving _____

5. Name of School/Business _____ *Name _____
 Street Address _____ City _____ State _____ Zip _____
 Employ Dates _____ Annual Salary _____ Type of Work _____
 Supv. Name _____ Contract Type _____ Reason for Leaving _____

ACADEMIC & PROFESSIONAL EDUCATION

Name & location of school or institution, including high school, technical institute, college, graduate school, etc.	Did You Graduate?	Nature of Program/ Course Completed	Degree/Diploma/Certificate Of Completion	Total Semester Hours

REFERENCES

List three people, excluding relatives and clergy, who can be contacted. These people should be able to respond concerning your qualifications for the position you seek. Include former employers.

1. Name _____ Official Position & Title _____
 Street Address _____ City _____ State _____ Zip _____
 Telephone: () _____

2. Name _____ Official Position & Title _____
 Street Address _____ City _____ State _____ Zip _____
 Telephone: () _____

3. Name _____ Official Position & Title _____
 Street Address _____ City _____ State _____ Zip _____
 Telephone: () _____

I agree that any claim or lawsuit relating to my service with Tolles Career & Technical Center must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I hereby waive any statute of limitations to the contrary.

This application will be considered active for twenty-four (24) months from the date filed. If you are hired, it becomes part of your official employment record, and you will be bound by its terms.

Your signature below is your acknowledgement that you have read and understood this application, and that your responses have been truthful and complete.

Date: _____ **Signature of Applicant:** _____

For Office Use Only

Record of Interview(s) -Date- Experience Verified _____ References Verified _____	Position Offered <input type="checkbox"/> Yes <input type="checkbox"/> No Position Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No Teaching Experience _____ Military Experience _____ Work Experience _____ Total Exp. Allowed _____ Highest Degree Held _____ Salary Class/Step _____ Salary _____ First Day Worked _____
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