



# EMPLOYMENT APPLICATION

Position Applying For:

Date:

First Name:  Middle:  Last Name:

Address:

City, State, Zip :

Email:  Phone Number:

Cell Phone:

### **Ohio Department of Education License Information, if applicable for position**

Type(s) of Ohio Certificate/License Held	Grade Level	Subject(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### **Current Contract Information, if applicable for position**

Have you ever been issued a continuing contract in Ohio?  Yes  No

Is so, which district?

Year initially awarded continuing contract:

Are you under contract for next year?  Yes  No

Expected salary/hourly rate:

The Board of Education does not discriminate on the basis of race, color, national origin, sex (including sexual orientation and transgender identity), disability, age, religion, military status, ancestry, genetic information (collectively, "Protected Classes"), or any other legally protected category, in its programs and activities, including employment opportunities.



**Colleges, Universities, Technical Schools Attended:**

Please list, in chronological order, all educational institutions attended. Information used as basis for determining salary. Information must be complete and accurate.

Name and Location of Institution, including high school, technical school, college, graduate school, etc. (Please note if Undergraduate or Graduate Work)	Total Semester Hours	Degree	Area(s) of study	Did you Graduate?

**References:**

List three professional references, not related to you, who have direct knowledge of your character, work experience, and abilities. At least one should be a previous supervisor.

Name/Title	Mailing Address	Telephone and Email Address

**Military Service Record:**

Branch of Service:

Total Years/Months



## Employment History:

Please list all relevant work experience, beginning with present employer. (\*Indicate if your name was different at time of employment.)

Employer:	<input type="text"/>	Supervisor's Name:	<input type="text"/>
Address:	<input type="text"/>	Dates Employed:	<input type="text"/> to: <input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>
Phone:	<input type="text"/>	Salary/Hourly Rate:	<input type="text"/>
		Reason you left:	<input type="text"/>
Job Duties:	<input type="text"/>		

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Employer:	<input type="text"/>	Supervisor's Name:	<input type="text"/>
Address:	<input type="text"/>	Dates Employed:	<input type="text"/> to: <input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>
Phone:	<input type="text"/>	Salary/Hourly Rate:	<input type="text"/>
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		Zip:	<input type="text"/>
Phone:	<input type="text"/>	Salary/Hourly Rate:	<input type="text"/>
		Reason you left:	<input type="text"/>
Job Duties:	<input type="text"/>		

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City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>
Phone:	<input type="text"/>	Salary/Hourly Rate:	<input type="text"/>
		Reason you left:	<input type="text"/>
Job Duties:	<input type="text"/>		

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**Certificate of Applicant**

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and belief, and I have not knowingly withheld any fact or circumstance. I understand any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application or my removal from employment. I authorize Tolles to make an inquiry as to my character, general reputation, personal characteristics, previous employers, education background, current and previous residence locations for the past 5 years, military services, and conviction records. I authorize Tolles to release a copy of my application, and I authorize any former or current employer, person, firm, corporation, school, college, or governmental agency to give Tolles pertinent information they may have regarding me. This authorization shall remain in effect during the course of my employment with Tolles for the purpose of verifying any information contained in my employment application. In consideration of Tolles review of this application, I release Tolles and all providers of information from any liability as a result of furnishing, receiving, and relying on this information. I understand employment with Tolles requires the approval of the Superintendent, and that employment offers are made only by the Superintendent and must be ratified by the School Board. I further acknowledge and understand that any offer of employment at Tolles that may occur will be conditional upon the criminal record check required by RC 3319.39.

Date:

Signature of Applicant:

*You may fax your application to 614.873.8761 or mail it to the attention of "Superintendent" at the address on the bottom of this page.*