

APPLICANT INFORMATION														
Last Nam	ne					First			M.I.			Date		
Street Ac	ddress								Ара	Apartment/Unit #				
City		I				State			ZIP		I			
Phone						E-mail /	Address							
Date Available Social Sec				curity No.				Desi	red Salary					
Position Applied for					1					1				
Are you currently employed?				Employer:										
# of yea	# of years in current position:				Reason de	Reason desiring change (optional):								
What is y	your pre	sent sal	ary?			What is yo	What is your expected salary?							
				tobacco-fro	ee employe	er. We do r	not hire in	dividuals w	/ho use	tobaco	co products.	YES		NO
Do you use tobacco products?														
EDUCATION														
High Sch	lool					Address								
From		То		Did you g	raduate?	YES 🗌	NO 🗌	Degree						
College						Address								
From		То		Did you g	raduate?	YES 🗌	NO 🗌	Degree						
Other						Address								
From		То		Did you g	raduate?	YES 🗌	NO 🗌	Degree						
						·								
TEACH	ING/A		ISTRAT	VE LICE	NSE (S)									
Type of License						Licen	License #							
Subject/	Subject/Area					Seme	Semester hours							
Type of License					Licen	License #								
Subject/Area						Seme	ster hours							
Total College Semester Hours														
Did you student teach? YES NO School, Ci					City, State					Subjects/Are	eas			
Have you had tenure in another Ohio school district?						YES	NO							
List other industry licenses you hold:														
Are these licenses (s) current?							YES	NO						
Additional information:														

REFERENCES								
Please list three pr	rofessional referen	ces.						
Full Name			Relationship					
Company				Phone				
Address				Email				
Full Name				Relationship				
Company				Phone				
Address				Email				
Full Name				Relationship				
Company				Phone				
Address				Email				
PREVIOUS EM	S EMPLOYMENT							
Company 1			Phone					
Address				Supervisor				
Job Title			Starting Salary	\$	Ending Salary \$			
Responsibilities								
From	To Reason for Leaving							
May we contact your previous supervisor for a reference? YES NO								
Company 2			Phone					
Address			Supervisor					
Job Title			Starting Salary	\$	Ending Salary \$			
Responsibilities								
From	То	Reason for Leaving						
May we contact your previous supervisor for a reference? YES NO								
Company 3			Phone					
Address			Supervisor					
Job Title			\$	Ending Salary \$				
Responsibilities								
From	To Reason for Leaving							
May we contact your previous supervisor for a reference? YES NO								

MILITARY SERVICE				
Branch	From To			
Rank at Discharge	Type of Discharge			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

Applicants are required to submit a complete application package for certified positions. Packets must include: this application completed and signed, a signed copy of the Pre-Employment Requirements Page, a Letter of Interest, current resume, current BCI/FBI if selected for final interview, and copies of transcripts/licenses.

Application packets should be scanned and emailed to jobs@greeneccc.com or mailed to the address above.

GREENE COUNTY CAREER CENTER

532 Innovation Drive Xenia, Ohio 45385-9545 (937) 372-6941 Fax (937) 502-4400

Pre-Employment Requirements

I understand that:

- 1. The background information supplied by an applicant for a position will be checked by the Greene County Career Center Board of Education to assure the accuracy of the data furnished and the past performance record of the candidate.
- 2. I authorize the Greene County Career Center Board of Education to make such investigations and inquiries of my personal, employment and related matters as may be necessary in arriving at its employment decision. I hereby release current and past employers, schools or persons from liability in responding to inquiries in connection with my application for employment.
- 3. I understand that as a precondition to employment in the position for which I am applying I must provide a set of fingerprints and satisfactorily pass a criminal record check if I come under final consideration for employment. (A certified copy of a FBI and BCI&I background check performed within the last year will also be acceptable.) I will pay any costs associated with the fingerprinting and criminal records check requirement with cashier's check or money order.
- 4. I understand that any offer of employment is conditional upon the Greene County Career Center Board of Education receiving a satisfactory record check from the Ohio Bureau of Criminal Identification and Investigation and from the Federal Bureau of Identification and Investigation. I understand if the criminal record check is not satisfactory, that the Greene County Career Center Board of Education is by law not permitted to employ me and must release me from any conditional contracts of employment.
- 5. I hereby certify that the information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omissions of fact shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the Greene County Vocational School District which reserves the right to accept or reject it. I further agree to comply with drug-free workplace rules and Board of Education district policies, regulations and rules now in force and effect or as they may change during my employment if I am employed by the District.
- 6. **PLEASE NOTE:** Copies of high school/college transcripts, industry certificates, and teaching/administrative licenses which will assist us in considering this application should be included with this application or submitted at a later date.

I understand that should the employer discover that I have falsified any information, I will not be hired, or if already hired, will be subject to termination from employment.

Social Security Number:				
Date:				

FOR OFFICE USE ONLY

Date Application Received:

_____ By Whom? ____