



# Greene County Career Center Classified Employment Application

532 Innovation Drive  
Xenia, Ohio 45385  
Phone 937-372-6941  
Fax 937-502-4400

APPLICANT INFORMATION																	
Last Name					First				M.I.				Date				
Street Address										Apartment/Unit #							
City					State					ZIP							
Phone					E-mail Address												
Date Available					Social Security No.					Desired Salary							
Position Applied for																	
Are you currently employed?						Employer:											
# of years in current position:						Reason desiring change (optional):											
What is your present salary?						What is your expected salary?											
Greene County Career Center is a tobacco-free employer. We do not hire individuals who use tobacco products.												YES		NO			
Do you use tobacco products?																	
EDUCATION																	
High School					Address												
From				To				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College					Address												
From				To				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other					Address												
From				To				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
REFERENCES																	
<i>Please list three professional references.</i>																	
Full Name								Relationship									
Company								Phone									
Address								Email									
Full Name								Relationship									
Company								Phone									
Address								Email									
Full Name								Relationship									
Company								Phone									
Address								Email									

PREVIOUS 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 <input type="checkbox"/> NO <input type="checkbox"/>			
Company 2		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 <input type="checkbox"/> NO <input type="checkbox"/>			
Company 3		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 <input type="checkbox"/> NO <input type="checkbox"/>			

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 classified 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. If applying for Instructional Aide, must have permit.

Application packets should be scanned and emailed to [jobs@greeneccc.com](mailto:jobs@greeneccc.com) or mailed to the address above.

**GREENE COUNTY CAREER CENTER**

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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.

Applicant Signature: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_ By Whom? \_\_\_\_\_