



15676 St. Rt. 691, Nelsonville, OH 45764
Phone: 800.637.6508 or 740.753.3511 Fax: 740.753.5138

Office Use Only

Start Date: _____

Hire Date: _____

Position: _____

Salary: _____

Approved by: _____

☐ BCI check completed

☐ ODE check

APPLICATION FOR EMPLOYMENT

POSITION DESIRED

Tri-County Career Center has dedicated itself to providing equal admission opportunities, equal education opportunities, and equal employment opportunities to all people regardless of race, color, faith, national origin, ancestry, citizenship status, religion, sex, economic status, age, disability, military status or on the basis of legally acquired genetic information. (Applications are kept on file for two (2) years)

APPLICANT INFORMATION

Name _____,
(Last) (First) (Middle)

Home Phone (____) _____

Address _____
(Street)

Cell Phone (____) _____

(City) (State) (Zip Code)

Business Phone (____) _____
Optional

Date of Birth

Have you previously filed an application with Tri-County Career Center?

Have you previously been employed by Tri-County Career Center?

Do you have any relatives currently employed by Tri-County Career Center?

Are you a U.S. citizen?

Date you are available for employment-

Email

☐ Yes ☐ No Date ____/____/____

☐ Yes ☐ No Date ____/____/____

☐ Yes ☐ No Name _____

☐ Yes ☐ No

☐ Immediately or Date ____/____/____

TYPE OF EMPLOYMENT DESIRED (Check all that apply in each section)

Section A	Section B	Section C	Section D
☐ Full-Time	☐ Evening	☐ Secretarial	☐ Administration
☐ Part-Time	☐ Daytime	☐ Cafeteria	☐ Instructor
☐ Substitute		☐ Custodial/Maintenance	☐ Student Services
		☐ Instructional Support/Aide	☐ Adult Career Center
		☐ Accounting/Fiscal	☐ Other

TYPES OF LICENSURE AND CERTIFICATION YOU POSSESS:

Driver's License? ☐ Yes ☐ No
Commercial Driver's License (CDL)? ☐ Yes ☐ No
CDL with Passenger Endorsement? ☐ Yes ☐ No

Administrative / Treasurer / Business Manager Licensure:

Type _____ State _____ Exp. Date ____/____/____
Areas of Licensure _____

Teaching / Guidance / Instructional Support Licensure:

Type _____ State _____ Exp. Date ____/____/____
Areas of Licensure _____

Other Pertinent Licensure or Certifications: _____

EDUCATION AND TRAINING

Type of School	Name and Address of School	Graduation Date	Major Area of Study	Type of Degree, Diploma or Certificate
High School (last attended)				
Career-Tech School				
Colleges or Universities				
Other Training including Military School and Equivalency Diplomas	1			

List other educational preparation pertinent to the position(s) for which you are applying (institutes, seminars, workshops, etc.):

List any awards, honors, publications, special skills or hobbies: _____

List professional or civic organization affiliations or memberships: _____

TEACHING/ADMINISTRATIVE UNPAID EXPERIENCE (if applicable)

Student Teaching Experience: (you may omit if you have two or more years of teaching experience)

School and Location _____

Cooperating Teacher _____ Grade or Subject Taught _____

Intern Experience:

School and Location _____

Coordinating Personnel _____ Grade or Subject Taught _____

REFERENCES

Please list at least three references not related to you. If you do not have three professional references, then list personal, unrelated references.

(1) Name _____ Relationship _____

Address _____

Work Phone# (____) _____ Other Phone (____) _____ Dates: To _____ From _____

(2) Name _____ Relationship _____

Address _____

Work Phone# (____) _____ Other Phone (____) _____ Dates: To _____ From _____

(3) Name _____ Relationship _____

Address _____

Work Phone# (____) _____ Other Phone (____) _____ Dates: To _____ From _____

EMPLOYMENT EXPERIENCE

Present employment first. List all full-time employment. Use additional page if needed.)

Each field MUST be completed for each job listed to be considered for a position.

Dates of Employment	Name/Address/Phone Number of Employer	Immediate Supervisor	Position Held	Salary	Reason for Leaving
	Employer _____ Phone _____ Address _____ City _____ St _____ Zip _____				
	Employer _____ Phone _____ Address _____ City _____ St _____ Zip _____				
	Employer _____ Phone _____ Address _____ City _____ St _____ Zip _____				
	Employer _____ Phone _____ Address _____ City _____ St _____ Zip _____				

May we contact your present employer? ☐ Yes ☐ No ☐ N/A

At your most recent employment, what is your overall absences per month? ☐ 0 – 1 day ☐ 2 – 4 days ☐ 5 days or more

Have you ever been subject to disciplinary action or investigation by an employer or professional organization? ☐ Yes ☐ No

Criminal Records Check:

Pursuant to Ohio Revised Code Section 3319.39 and Tri-County Career Center Board of Education Policy GBQ, any applicant who has applied to the Tri-County Career Center 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 the Center unless otherwise provided for by law.

Comments: (Use this space to provide any additional information that would assist us in arriving at a true estimation of your qualifications. You may also attach your resume.)

The information as submitted on this application (and accompanying resume, if any) is true and accurate to the best of my knowledge. I understand that falsification of any information submitted on this application shall disqualify me from further consideration for employment and shall be considered justification for dismissal if discovered at a later date. I authorize you to contact, and I authorize persons, schools, my current employer (if applicable) and previous employer(s) and organization(s) named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision. I further acknowledge that as part of this application a criminal history check pursuant to O.R.C. 3319.39 will be required and/or a pre-employment drug test may be required and I hereby permit Tri-County Career Center to secure from the Bureau of Criminal Identification and Investigation a criminal history record check and as part of such investigation, I agree to provide a set of my fingerprints, if so required, pursuant to O.R.C. 109.572 and to submit to alcohol and drug testing, if so required, pursuant to 49 C.F.R. Parts 382 and related Parts.

Date

Signature of Applicant

****ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE**