



## EMPLOYMENT EXPERIENCE CONTINUED

<b>2</b>	Employer	Supervisor	Dates	
			From	To
Address				
Email				
Job Title		Job Description		
Reason for Leaving				

<b>3</b>	Employer	Supervisor	Dates	
			From	To
Address				
Email				
Job Title		Job Description		
Reason for Leaving				

<b>4</b>	Employer	Supervisor	Dates	
			From	To
Address				
Email				
Job Title		Job Description		
Reason for Leaving				

S  
/  
L

Summarize special skills, qualifications, certifications, or additional licensures you have:

---



---



---

## EDUCATIONAL RECORD

School	Circle Highest Years Attended	Name of School/ City & State
High School	1   2   3   4	
Vocational School	1   2   3   4	
Technical School	1   2   3   4	
College	1   2   3   4	

Designate which one applies:

Semester Hours of College Credit beyond last degree: I have a Bachelor's Degree + \_\_\_\_\_ semester Hours

I have a Master's Degree + \_\_\_\_\_ semester Hours

Are your licenses/certificates current?  Yes  No

List licenses/certificates held (e.g. RN, Cosmetology, ASE) \_\_\_\_\_

## MILITARY STATUS

Complete this section if you served in the U.S. Armed Forces	Branch of Service
Describe your duties and any special training	Period of active duty (Month & Year)
	From _____ To: _____
	Rank of Discharge
	Date of final discharge

## EMPLOYMENT REFERENCES

Name	Address	Phone	Occupation
	Email: _____	Cell: _____	
	Email: _____	Cell: _____	
	Email: _____	Cell: _____	

Should we wish to further consider your application, can we contact your current employer?

Yes    No

I affirm that the information provided in this application and any additional materials or information provided by me in the course of my application is true and complete. I understand that omission of relevant information, or provision of incomplete, inaccurate, or false information, whether verbal or written, may result in withdrawal of an employment offer, or discipline, up to and including termination, after my employment begins. I hereby authorize the release of all information and records from previous employers and educational institutions to the Springfield-Clark CTC Board of Education or its designee(s).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Required

**NOTE:** Your application will remain in our active file for one (1) year, and can be re-activated for job postings during that time period by notifying the Board of Education Office.

Upon employment, the following credentials must be filed with the SCCTC Treasurer, on behalf of the Board of Education.

1. Signed contract for the term of the position accepted
2. Official transcript of all college credits, if applicable
3. Form W-4 Withholding Exemption Certificate
4. Ohio Withholding Exemption Certificate
5. City Tax Withholding Exemption Certificate/any public school withholding form for your residence
6. Employment Eligibility Verification Form I-9
7. Ohio Retirement System Form
8. Certificate of Accumulated Ohio Sick Leave, if applicable
9. BCI/FBI Background Check
10. Copies of Social Security Card, Driver's License (or State ID)

**The Springfield-Clark CTC 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.**