



**Northridge Local School District**  
 6097 Johnstown-Utica Road, Johnstown, OH 43031  
 740-967-6631(p) | 740-967-5022(f)

## Employment Application

### Personal Information

\_\_\_\_\_  
 Last Name

\_\_\_\_\_  
 First Name

\_\_\_\_\_  
 Middle

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 Zip

\_\_\_\_\_  
 Social Security No.

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Telephone Number

If under the age of 18, please list age \_\_\_\_\_

\_\_\_\_\_  
 First date available to work

Employment Desired (check one)

Full-time

Part-time

Seasonal

Substitute (non-teaching)

Availability (check off the days you are available)

Monday

Tuesday

Wednesday

Thursday

Friday

Weekends

\_\_\_\_\_  
 Position Applied for

How many hours can you work a week? \_\_\_\_\_

### Education

\_\_\_\_\_  
 High School

\_\_\_\_\_  
 City/State

Yes No  
 Graduate (check one)

\_\_\_\_\_  
 Degree

\_\_\_\_\_  
 College

\_\_\_\_\_  
 City/State

\_\_\_\_\_  
 Graduation Year

\_\_\_\_\_  
 Degree

\_\_\_\_\_  
 Other Degrees or Certifications

Have you ever been convicted of a criminal offense for which a pardon has not been granted? Yes \_\_\_\_\_ No \_\_\_\_\_

### Military

Have you ever been in the armed forces? Yes No

Are you now a member of the National Guard? Yes No

If Yes, please complete the information below:

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Employment**

Please list your work experience for the past five years, beginning with your most recent employer.  
If you were self employed, give firm name. Please attach additional sheets if necessary.

<b>Employer</b>	<b>Address</b>		
	From _____	To _____	
<b>Phone Number</b>	<b>Employment Dates</b>		
<b>Name of Last Supervisor</b>	<b>Job Title</b>	<b>Pay/Salary</b>	<b>Reason for Leaving</b>
<b>Duties Performed</b>		<b>Certifications/Promotions</b>	

<b>Employer</b>	<b>Address</b>		
	From _____	To _____	
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<b>Name of Last Supervisor</b>	<b>Job Title</b>	<b>Pay/Salary</b>	<b>Reason for Leaving</b>
<b>Duties Performed</b>		<b>Certifications/Promotions</b>	

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<b>Name of Last Supervisor</b>	<b>Job Title</b>	<b>Pay/Salary</b>	<b>Reason for Leaving</b>
<b>Duties Performed</b>		<b>Certifications/Promotions</b>	

May we contact your current employer?    Yes            No  
 Did you complete this application yourself?    Yes            No                      If not, who did? \_\_\_\_\_

**Additional Information**

Please complete this section if you are applying for an Office Position

**Typing** Yes \_\_\_\_\_ No \_\_\_\_\_ WPM \_\_\_\_\_  
**Microsoft Word** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Processing** Yes \_\_\_\_\_ No \_\_\_\_\_ WPM \_\_\_\_\_

**References**

Please list two references other than relatives or previous employers

Name	Position	Company	Phone Number	City/State

Use the space below to summarize any additional information that you feel is necessary to describe your full qualifications for the specific position for which you are applying. A resume or other supporting documents are acceptable and encouraged.


Please Read Carefully

Application Form Waiver

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Northridge Local School District permission to contact schools, previous employers (unless otherwise indicated), references and others, and hereby release the Northridge Local School District from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, Northridge Local School District will request a BCI Report.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

Thank you for completing this application form and for your interest in employment at Northridge Local Schools.