



HANCOCK COUNTY EDUCATIONAL SERVICE CENTER

7746 CR 140 • Findlay, OH 45840
(419) 422-7525 • Fax (419) 422-8766

“Meeting Student Needs Through Cooperative Efforts”

CLASSIFIED APPLICATION

PERSONAL

Last Name	First	Middle
Address		Phone
City, State, Zip		Email
Position applied for:		
Education (highest grade level achieved) (provide a copy of diploma or high school transcript upon request)		
Experience in job related areas:		
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
When will you be available to begin work? _____		
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Expected salary?		
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any military experience?		
Do you currently hold any valid certificates?		
CPR:	Expires:	Other:

NOTE: A current résumé should be included with this application.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Date

Signature

EDUCATION

School	Name and Location	Dates Attended	Major/Minor	Sem. Hours	Certificate
College					
High School					
Other					

Type(s) of certification held and expiration date(s): _____

QUALIFICATIONS

In your own handwriting, describe your assets that make you the best qualified candidate:

PREVIOUS EMPLOYMENT (Begin with most recent first)

Employer	Phone
Address	Employed (Month/Year) From To
Name of Supervisor	
Job Title/Description of Work:	Reason for Leaving:

Employer	Phone
Address	Employed (Month/Year) From To
Name of Supervisor	
Job Title/Description of Work:	Reason for Leaving:

REFERENCES: Persons qualified to answer questions concerning your qualifications for the position you are applying for with this application.

1. Name: _____
Address: _____

Phone: _____

2. Name: _____
Address: _____

Phone: _____

3. Name: _____
Address: _____

Phone: _____

PRE-EMPLOYMENT REQUIREMENTS:

I have been advised and understand that:

1. The background information supplied by an applicant for a position will be checked by the Hancock County Educational Service Center to assure the accuracy of the data furnished and the past performance record of the candidate.
2. I authorize the Hancock County Educational Service Center 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. **I authorize such a records check and agree to pay any costs associated with the fingerprinting and criminal records check requirement.**
4. I understand that any offer of employment is conditional upon the Hancock County Educational Service Center receiving a satisfactory record check from the Ohio Bureau of Criminal Investigation (BCI) and from the Federal Bureau of Investigation (FBI). I understand that if the criminal record check is not satisfactory, that a local board of education is not permitted by state law to employ me and must release me from any conditional contracts of employment.
5. I certify that all the information that I have provided to the Hancock County Educational Service Center is complete and accurate and is submitted with the intent that a local board of education will rely on this information in making its employment decisions. I understand that, should the employer discover that I have falsified any such information; I will not be hired, or if already hired, will be subject to termination from employment on that ground.
6. This information is valid from one year from the date of the BCI record check. Consideration after this time period will once again require the applicant to complete all pre-employment requirements.

Applicant's Signature

This application should be shared with the following schools:

Date

- | | | | |
|---|------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Arcadia | <input type="checkbox"/> Arlington | <input type="checkbox"/> Cory-Rawson | <input type="checkbox"/> McComb |
| <input type="checkbox"/> Liberty-Benton | <input type="checkbox"/> Riverdale | <input type="checkbox"/> Van Buren | <input type="checkbox"/> Vanlue |
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