



**Office of the Superintendent**  
**9231 Hamer Road**  
**Georgetown, OH 45121**  
**(937) 378-6131**

Rev. 05/14

### **Certified/Administration**

Applications are filed for one (1) year

**Please Print**

Date of Application \_\_\_\_\_ Position \_\_\_\_\_

Referral Source: \_\_\_Advertisement \_\_\_Friend \_\_\_Relative \_\_\_Walk-In \_\_\_Employment Agency; Other \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_  
Area Code Number

Other contacts: cell phone \_\_\_\_\_, relative \_\_\_\_\_

Email \_\_\_\_\_, other \_\_\_\_\_

Have you filed an application here before? \_\_\_No \_\_\_Yes If yes, date \_\_\_\_\_

Have you been employed at Southern Hills before? \_\_\_No \_\_\_Yes If Yes, date \_\_\_\_\_

Do you an account with any social networking site(s)? ie Facebook, My Space, etc. If so, please list the site(s) \_\_\_\_\_

The Southern Hills Joint Vocational School District is an equal opportunity educational institution. Employment and educational programs are offered without regard to race, color, religion, national origin, gender, disability, military status, ancestry, age, genetic information or any other legally protected characteristic and provide equal to the Boys Scouts and other designated youth groups. The district prohibits harassment of individuals in any form. Any alleged act of discrimination or harassment should be referred to Mr. Don Rabold, Support Services Officer, 325 W. State St., Georgetown, OH, 45121, (937) 378-6118

**Education:**

College: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Address: \_\_\_\_\_

Degree: \_\_\_\_\_ Total Hours: \_\_\_\_\_ Semester \_\_\_\_\_ Quarters

Name that appears on college transcript: \_\_\_\_\_

College: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Address: \_\_\_\_\_

Degree: \_\_\_\_\_ Total Hours: \_\_\_\_\_ Semester \_\_\_\_\_ Quarters

Name that appears on college transcript: \_\_\_\_\_

College: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Address: \_\_\_\_\_

Degree: \_\_\_\_\_ Total Hours: \_\_\_\_\_ Semester \_\_\_\_\_ Quarters

Name that appears on college transcript: \_\_\_\_\_

Do you hold a valid Teaching Certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, Type: \_\_\_\_\_ Number: \_\_\_\_\_

State: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please explain briefly: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References:**

List name, address and telephone numbers of three references who are not related to you:

Name:	Address:	City:	State:	Zip Code:	Phone:

**Employment Experiences:**

(Include work as well as teaching background.)

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Company Name:
Address:
Job Title:
Supervisor:
Dates of Employment:
Reason for Leaving:

Company Name:
Address:
Job Title:
Supervisor:
Dates of Employment:
Reason for Leaving:

Company Name:
Address:
Job Title:
Supervisor:
Dates of Employment:
Reason for Leaving:

Company Name:
Address:
Job Title:
Supervisor:
Dates of Employment:
Reason for Leaving:

Company Name:
Address:
Job Title:
Supervisor:
Dates of Employment:
Reason for Leaving:

In your own handwriting, mention any additional information which might strengthen your application, such as: honors you have achieved, articles you have written, your reason for choosing education as a profession, or other pertinent information.

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I certify that all the statements made by me in this application are true, complete and correct to the best of my knowledge and that I am aware that any false statements will be sufficient cause for rejection.

I hereby authorize the transfer of all school records. I further authorize Southern Hills Joint Vocational School District to contact any references whose names I have submitted to discuss my willingness and ability to perform the job for which I am applying. I also release the School district and any of the persons providing information from any liability or legal claims for making such contact or from using or providing any of the information obtained.

I understand that the school may want to verify the statements I have made in this application. I hereby give my permission for its authorized representative either at this time or any time during my employment, to request and review any of my medical records, employment records, court records and police records from any local, state or federal agency keeping such records. Records, references and information transferred by this release are not to be transferred to any other third party.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Office Use Only**

Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewer's Comments: \_\_\_\_\_

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