



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

5/2014

Non-Certified / Adult Education

Applications are filed for one (1) year.

Please Print

Date of Application _____ Position _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk-In
_____ Employment Agency _____ Other, explain _____

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 ever been employed at Southern Hills? _____ No _____ Yes If yes, date _____

Are you currently employed? _____ No _____ Yes

May we contact your present employer? _____ No _____ Yes

Are you able to work _____ Full Time _____ Part Time _____ Temporary _____ Days _____ Evenings

If employed and you are under 18, a work permit will be required.

Do you have 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

Do you have any health conditions that would prevent you from performing the job for which you are applying? No Yes

If yes, explain. _____

Are you a citizen of the United States? No Yes

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

Please list any skills, experience, etc., you have that would enable you to perform or better perform the job for which you are applying.

Education

School: _____

Highest Grade Completed: _____ Diploma/Degree: _____

Date Completed: _____

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:
Job Duties:

Company Name:
Address:
Job Title:
Supervisor:
Dates of Employment:
Job Duties:

Company Name:
Address:
Job Title:
Supervisor:
Dates of Employment:
Job Duties:

Company Name:
Address:
Job Title:
Supervisor:
Dates of Employment:
Job Duties:

Company Name:
Address:
Job Title:
Supervisor:
Dates of Employment:
Job Duties:

In your own handwriting, mention any additional information which might strengthen your application, such as: specialized training you have received, apprenticeship skills, extra-curricular activities, clubs, groups and associations you belong to, honors you have achieved, or other pertinent information.

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 or job termination.

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 _____

For Office Use Only

Interviewed by: _____

Date: _____

Interviewer's Comments: _____
