



**APPLICATION FOR EMPLOYMENT**

Vantage Career Center  
 818 North Franklin Street  
 Van Wert, OH 45891

**CERTIFIED**

- INSTRUCTIONS:**
1. All requested information must be furnished. The information will be used to determine your qualifications for employment.
  2. It is important that you answer all questions on your statement fully and accurately; failure to do so may delay its consideration and could mean loss of employment opportunities.
  3. If an item does not apply to you or if there is no information to be given, please write in the letters N/A for not applicable.
  4. Please type or print.

**PERSONAL**

|   |  |       |                        |   |
|---|--|-------|------------------------|---|
| Last Name   |  | First | Middle                 | Date  |
| Street Address  |  |       |                        | Home Telephone<br>( )   |
| City, State, Zip  |  |       | Social Security Number | Business Phone<br>( )   |
| Type of employment desired:<br><br><b>Educational Services:</b><br><input type="checkbox"/> Administrative & Supervision<br><input type="checkbox"/> Vocational Teacher<br><input type="checkbox"/> Academic Teacher<br><input type="checkbox"/> Guidance<br><input type="checkbox"/> Other _____ |  |       |                        | List special training or licenses held: languages, plumber, radio operator, chauffeur, etc.:<br><br>_____<br>_____<br>_____ |
| Position for which application is being made: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute   |  |       |                        | Are you legally eligible for Employment in the U.S.?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Have you ever been asked to resign from any position: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:<br>_____<br>_____   |  |       |                        | When will you be available to begin work?<br><br>_____  |

**EDUCATION**

| School              | Name and Location Of School | Course of Study | Number of Years Completed | Did you Graduate? | Degree or Diploma |
|---------------------|-----------------------------|-----------------|---------------------------|-------------------|-------------------|
| Graduate            |                             |                 |                           |                   |                   |
| College             |                             |                 |                           |                   |                   |
| Business/Trade/Tech |                             |                 |                           |                   |                   |
| High School         |                             |                 |                           |                   |                   |
| Elementary          |                             |                 |                           |                   |                   |



|   |   |                      |
|---|---|----------------------|
| <b>MILITARY</b>   | Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes<br><input type="checkbox"/> No | If yes, what Branch? |
| Describe any training received relevant to the position for which you are applying. |   |                      |

**References: List the names of four persons in a supervisory capacity who know of your performance in your area of employment.**

| Name | Official Position | Phone | Present Address |
|------|-------------------|-------|-----------------|
|      |                   | ( )   |                 |
|      |                   | ( )   |                 |
|      |                   | ( )   |                 |
|      |                   | ( )   |                 |

List professional organizations of which you are a member:

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List service and/or fraternal organizations of which you are a member:

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List other educational preparation pertinent to the position for which you are applying: (Institutes, Seminars, etc.)

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List all Ohio teaching certificates held by you;  
Type and subjects or fields listed.

|    |    |    |
|----|----|----|
| 1. | 2. | 3. |
|----|----|----|

List extracurricular activities you have participated in as:

A Student

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A Teacher

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Student Teaching Experience:

School and Location:

Grade or Subject:

Intern Experience:

School and Location:

Areas of Responsibility:

List any awards, honors, publications, special skills or hobbies which would assist in your evaluation.

Have you ever been convicted of a felony or a misdemeanor of a sexual nature, or moral turpitude?

Yes

No

**Read carefully before signing:**

The information as submitted on this application is accurate to the best of my knowledge. I understand that falsification of any information on this application shall be cause for dismissal from service.

\_\_\_\_\_  
Date

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

We are an equal opportunity employer. Any information solicited by this application is not to be construed as a solicitation of information to render a decision based upon race, creed, color, sex, age, national origin, handicap or veteran status, but is to be used in determining the applicant's ability to meet job criteria and perform the job satisfactorily.

**FOR DEPARTMENT OR PERSONNEL USE ONLY**

DO NOT WRITE BELOW THIS LINE

Interviewer \_\_\_\_\_

Appearance \_\_\_\_\_

Date \_\_\_\_\_

Position Class Code \_\_\_\_\_

Self Expression \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Training Credit \_\_\_\_\_

Beginning Date \_\_\_\_\_

Experience Credit

School Assignment \_\_\_\_\_

Teaching \_\_\_\_\_

Occupational \_\_\_\_\_

Entering Salary \_\_\_\_\_

Military Credit \_\_\_\_\_