



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 ()
City, State, Zip			Social Security Number	Business Phone ()
Email Address				
Type of employment desired: Educational Services: <input type="checkbox"/> Administrative & Supervision <input type="checkbox"/> Vocational Teacher <input type="checkbox"/> Academic Teacher <input type="checkbox"/> Guidance <input type="checkbox"/> Other _____				List special training or licenses held: languages, plumber, radio operator, chauffeur, etc.: _____ _____ _____
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.? <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: _____ _____				When will you be available to begin work? _____

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					

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name	Telephone ()
Address	Employed (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
<hr/>	
Company Name	Telephone ()
Address	Employed (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
<hr/>	
Company Name	Telephone ()
Address	Employed (State month and year) From To
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Company Name	Telephone ()
Address	Employed (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

	DO NOT CONTACT
<p>We may contact the employers listed above unless you indicate you do not want us to contact.</p>	Employer Number(s) _____ Reason _____ _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <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:

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

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

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

1.	2.	3.
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List extracurricular activities you have participated in as:

A Student

A Teacher

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.

Ohio law requires school districts to conduct criminal background checks on all applicants and disqualifies individuals with certain criminal backgrounds from employment in certain positions in public schools. Any offer of employment will be contingent on the satisfactory results of a criminal background check as determined by the Superintendent in accordance with Ohio law. **ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.**

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

Vantage Career Center is an Equal Opportunity Employer

The Board of Education does not discriminate on the basis of race, color, national origin, sex (including sexual orientation and transgender identity), disability, age, religion, military status, ancestry, genetic information (collectively, "Protected Classes"), or any other legally protected category, in its programs and activities, including employment opportunities. The Vantage Career Center Administration reserves the right to not fill this position.

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 _____