

JACKSON CITY SCHOOLS
450 VAUGHN STREET
JACKSON, OHIO 45640
PHONE: (740) 286-6442

APPLICATION FOR EMPLOYMENT

CLASSIFIED POSITION

The Jackson City School District is an Equal Opportunity Employer, committed to employing individuals without regard to race, color, age, sex, veteran status, religion, national origin, ancestry or disability.

Date of Application: _____

Name _____ Social Security No. _____

Current Address _____
Street City State Zip Code

Phone _____ Cell Phone _____

Email Address _____

Previous 5 Years _____
Address(es) Street City County State Zip Code

Street City County State Zip Code

A. POSITION(S) APPLYING FOR (Available for substitute work _____ Yes _____ No)

B. EMPLOYMENT HISTORY

Name and address of employer and reason for leaving	Work Assignment	From Mo/Yr	To Mo/Yr
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Number of work days missed during the last 3 years _____

Have you previously applied to or been employed by this school district? Yes _____ No _____

Are you employed now? _____ If so, may we contact your present employer? Yes _____ No _____

If we may not inquire of your present employer, please explain why: _____

C. Other work experience or skills relevant to position sought: _____

D. EDUCATION

High School, Trade, Business or
Technical School or College

Area of
Study

Diploma
or Status

E. Military Service: Branch _____
 Number of Months _____ Service ID No. _____

F. REFERENCES

Work and School Related

These should be from persons best qualified and willing to give an objective appraisal of your fitness in the position you seek. Please be sure the information you give is current.

Name	Address	Phone No.	Position
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Personal References

Name	Address	Phone No.	Position
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

G. Are you able to perform the essential functions of the job, with or without reasonable accommodation, for which you are applying? Yes _____ No _____

H. What is your means of transportation to work? _____

I. APPLICANT’S CERTIFICATION AND AGREEMENT

I authorize investigation of all information I have disclosed herein so that you may be provided with relevant information about my background. I understand this investigation may include personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. I release all parties from any liability for any damage that may result from furnishing this information to you. This release extends to all pertinent information, personal or otherwise.

I authorize investigation of my employment history as required by the district as a condition of my being hired, or, if I am hired, as a condition of my continued employment. I release all persons or companies conducting lawful investigation from any liability.

I further agree to take any lawful medical examination required by the district as a condition of my being hired, or, after I might be hired, as a condition of my continued employment. I agree that my refusal to take any such lawful examination may be cause for termination of my employment. I understand that the district will not hire any applicant who tests positive or refuses to consent to the conditional offer of employment drug testing. I further understand that an employee who tests positive or refuses to consent to drug and alcohol testing is subject to discharge.

I release all persons or companies conducting any lawful medical or honesty examination from any liability and authorize release of the examination result to the district.

I understand that substitute employment in no way assures me of future consideration for full-time employment.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I become employed, any false information I may have provided in this application shall be grounds for my dismissal. I also understand that I am required to abide by all rules, policies and regulations of the district. It is understood that this application becomes the property of the Jackson City Board of Education.

Date of Application

Signature of Applicant

PLEASE BE ADVISED

Interviews: Before any applicants are appointed, they will be scheduled for an interview, participation in which in no way assures the applicant of an appointment. The initiative of scheduling the interview will be taken by the Administrative Staff of the Jackson City School District.

Update: Any applicant not employed for the current school year who wishes consideration for the following school year should contact the office of the Superintendent by March 1st in order to reactivate the application.

For Office Use Only:

Interviewed by _____ Date of Interview _____

(Revised 2015)