



OHIO HI-POINT
CAREER CENTER

**APPLICATION FOR
CLASSIFIED**

POSITION

Engaging minds. Changing futures.™

Position Applying for: _____

Every item on this application is important; please fill in all blanks. This application will be kept active for one year. An active applicant is not automatically notified of open positions. A resume and letter of interest is required for each posted position. Postings are updated at www.ohiohipoint.com.

1. Name _____ Date _____
(Last) (First) (Middle)
2. Telephone Number (Home) _____ (Cell) _____
3. Email _____
4. Permanent Address _____
5. City _____ State _____ Zip _____
6. Position Seeking _____
7. Current salary/hourly rate _____ Expected salary/hourly rate _____

Ohio Hi-Point Career Center
 2280 State Route 540
 Bellefontaine OH 43311
 Phone (937) 599-3010
 Fax (937) 599-2318
 Web Site: www.ohiohipoint.com

AN EQUAL OPPORTUNITY EMPLOYER

Ohio Hi-Point Joint Vocational School District complies with Title II, Title VI, and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, American with Disabilities Act and the Age Discrimination in Federal Assisted Program Act, in its policies and practices of non-discrimination and harassment against students and employees on the basis of religion, race, color, national origin, sex, disability, military status, ancestry, or age. Direct inquires or complaints regarding discrimination or denial of equal access to the attention of the Superintendent.

Employment Experience

Employer:			Employer Phone:
Street Address:			City/State/Zip Code:
Job Title:	Date Employed From:	Date Employed To:	Salary/Hourly Rate:
Job Duties:			Supervisor's Name:
Employer:			Employer Phone:
Street Address:			City/State/Zip Code:
Job Title:	Date Employed From:	Date Employed To:	Salary/Hourly Rate:
Job Duties:			Supervisor's Name:
Employer:			Employer Phone:
Street Address:			City/State/Zip Code:
Job Title:	Date Employed From:	Date Employed To:	Salary/Hourly Rate:
Job Duties:			Supervisor's Name:
Employer:			Employer Phone:
Street Address:			City/State/Zip Code:
Job Title:	Date Employed From:	Date Employed To:	Salary/Hourly Rate:
Job Duties:			Supervisor's Name:

Military Service Record

Branch of Service	Specialty	Special Training	Dates of Service

References

List three professional references who have direct knowledge of your character, work experience, and abilities. At least one should be a previous supervisor.

Name/Title	Mailing Address	Telephone

Educational and Professional Training

Please list in chronological order all educational institutions attended. The information on all items should be complete and accurate as it is used as the basis for determining salary.

Name and Location of Institution	Total Hours	Name of Program	Degree (if applicable)

List Job-Related Endorsements, Licenses and/or Certificates	Valid Dates

Other Related Experience

(i.e., volunteer, internship, projects)

Name and Location of Experience	Dates	Brief Description

Why do you want to be an employee of Ohio Hi-Point Career Center?

What qualities do you possess that make you an outstanding candidate for a position at Ohio Hi-Point Career Center?

A "yes" response to any of the following four questions is not an automatic bar to employment. Ohio Hi-Point JVSD "OHP" will consider the circumstances including the time frame and nature of events, which led to the actions described below, and the type of position for which you are applying. If you answer "yes" to any of the questions below, please explain in detail, including the date, location, nature of the offense/circumstances, and final disposition of the matter. Your written explanation will assist OHP in determining your eligibility for employment. Should the district employ you, any new criminal charges must be reported immediately to the Superintendent's Office.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you been convicted of a misdemeanor within the last 5 years?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been convicted of a felony?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been denied a teaching or administrative certificate/ license or had such a certificate/license revoked or suspended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been involuntarily released or asked to resign from any position? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*You are not required to disclose a prior conviction, which was set aside and for which you have officially been discharged under the terms of a suspended imposition of sentence (SIS). It is your responsibility to determine whether a conviction has been discharged and thus not subject to disclosure.

ALL APPLICANTS must complete the following:

1. **BCI and FBI** criminal records results less than one-year old must be submitted prior to initial employment and as required thereafter.
2. Negative result on a **TB test** completed within 90 days of employment (for selected positions).
3. **Ohio Department of Public Safety, Division of Homeland Security, Public Employee Form** completed and signed prior to initial employment.

CERTIFICATE OF APPLICANT

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and belief, and I have not knowingly withheld any fact or circumstance. I understand any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application or my removal from employment. I authorize OHP to make an inquiry as to my character, general reputation, personal characteristics, previous employers, education background, current and previous residence locations for the past 5 years, military services, and conviction records. I authorize OHP to release a copy of my application, and I authorize any former or current employer, person, firm, corporation, school, college, or governmental agency to give OHP pertinent information they may have regarding me. This authorization shall remain in effect during the course of my employment with OHP for the purpose of verifying any information contained in my employment application. In consideration of OHP's review of this application, I release OHP and all providers of information from any liability as a result of furnishing, receiving, and relying on this information. I understand employment with OHP requires the approval of the Superintendent, and that employment offers are made only by the Superintendent and must be ratified by the School Board.

I acknowledge and understand that any offer of employment at OHP that may occur will be conditional upon the criminal record check required by RC 3319.39.

Date

Signature of Applicant