



COSHOCOTON COUNTY CAREER CENTER

23640 Airport Road
Coshocoton, OH 43812

Please Type or Print in Pen

Mail or deliver to school

APPLICANT INFORMATION

Classified Employment Application

Date of Application: _____ Position Applying For: _____

Full Name: _____ / _____ / _____

CIRCLE *Last* *First* *M.I.*

Dr./ Ms./Mrs./Mr.

Address: _____ / _____

Street Address

Apartment/Unit #

_____ / _____ / _____

City

State

Zip Code

Phone: (_____) _____ E-mail Address: _____

Date Available: _____ Social Security Number (Optional): _____

Are you either a citizen of the United States or authorized to work in the United States? Yes _____ No _____

Can you perform the job duties with or without a reasonable accommodation? Yes _____ No _____

EDUCATION

High School: _____ Address: _____

Did you graduate? _____ YES _____ NO

College: _____ Address: _____

Did you graduate? _____ YES _____ NO From: _____ To: _____

Degree: _____

Other: _____ Address: _____

Did you graduate? _____ YES _____ NO From: _____ To: _____

Degree: _____

REFERENCES

Please list three professional references.

1. Full Name: _____ Relationship: _____
Company: _____ Phone: (_____) _____
Address: _____

2. Full Name: _____ Relationship: _____
Company: _____ Phone: (_____) _____
Address: _____

3. Full Name: _____ Relationship: _____
Company: _____ Phone: (_____) _____
Address: _____

PREVIOUS EMPLOYMENT

1. Present Company: _____ Phone: (_____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Duties: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your current employer for a reference? ____ YES ____ NO

2. Previous Company: _____ Phone: (_____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Duties: _____
From: _____ To: _____ Reason for Leaving: _____

3. Previous Company: _____ Phone: (_____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Duties: _____
From: _____ To: _____ Reason for Leaving: _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____
Honorably Discharged? ____ Yes ____ No If no, explain: _____

DISCLAIMER AND SIGNATURE

In order for the Coshocton County Career Center to obtain information regarding my competency for the position(s) for which I am applying, I hereby authorize its agents to contact persons named herein as references and other persons who might contribute job-related information to my file. Additionally, I authorize those persons contacted to release the information requested by said agent(s) and waive my right to access those records. Should you come under final consideration for a position, Ohio Revised Code 3319.39 and Ohio House Bill 79 requires the District to conduct a criminal history record check and requires you to submit a set of electronic fingerprints to both the Bureau of Criminal Identification and Investigation and the Federal Bureau of Investigation. (Applicant is responsible for the cost of all background record checks.) I hereby affirm that the information supplied herein is complete and accurate. I understand that false statements or information or willful misrepresentation and/or omission of information shall be just cause for rejection of my application or dismissal in the event I am hired.

Signature: _____ Date: _____

IT IS THE POLICY OF THE BOARD OF EDUCATION OF THE COSHOCTON COUNTY CAREER CENTER THAT EDUCATIONAL ACTIVITIES, EMPLOYMENT, PROGRAMS, AND SERVICES ARE OFFERED WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, DISABILITY, RELIGION, MILITARY OR SOCIO-ECONOMIC STATUS.