



BUCKEYE CAREER CENTER

545 University Drive NE
New Philadelphia, Ohio 44663

Please Type or Print in Pen
Mail or deliver to school

Classified Employment Application

Applicant Information

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 a citizen of the United States? Yes ____ No ____ If no, are you authorized to work in the U.S.? Yes ____ No ____

Have you ever been convicted of or pleaded guilty to any felony, any violation of RC 2907.04 or 2907.06, or division (A) or (C) of RC 2907.07, any offense of violence, theft offense (as defined in RC 2925.01) which is not a minor misdemeanor, or any misdemeanor sex offense? Yes ____ No ____

Do you have a physical condition that might inhibit you from carrying out the duties of the position for which you are applying? Yes ____ No ____

If yes, what accommodations do you feel we could make which would allow you to perform the duties of the position for which you are applying? _____

Education

High School: _____ Address: _____

Did you graduate? YES NO

College: _____ Address: _____

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

Other: _____ Address: _____

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