

APPLICATION FOR EMPLOYMENT

**REYNOLDSBURG CITY SCHOOLS
7244 E. Main Street
REYNOLDSBURG, OHIO 43068
(614) 501-1020**

Position Applied For: _____ **Date Available For Position:** _____

PERSONAL DATA

Name: _____ **Social Security Number:** _____
(Last) (First) (MI)

Address: _____ **Home Phone:** _____
(Street) (City) (State) (Zip)

Cell phone: _____ **Work Phone:** _____ **E-Mail:** _____

Are you currently working for Reynoldsburg City Schools, in a position other than what you are applying for (including working as a sub)? Yes No If yes, what is the position? _____

Are you entitled to military credit? Yes No
If so, you must furnish a copy of your DD214 at time of application to obtain veteran points (5% of your examination score).

EDUCATION

Name and location of High School: _____

Highest grade completed: ___ **Graduated:** Yes No **GED certificate #** _____ **Issued by:** _____

College, University or Technical School and location: _____

Years Attended: _____ **Year Graduated:** _____ **Credit Hours:** _____

Degree: _____ **Major Subjects:** _____

MILITARY SERVICE

Military Months of Service: _____ **Branch:** _____ **Rank:** _____

Were you ever convicted by a U.S. Military Service General Court-Martial? Yes: No:

If yes, give details with the date, charge and location of each offense: _____

If you are an honorably discharged veteran of the U.S. Military Service, you must produce a copy of your DD214 or Honorable Discharge Certificate at the time of application to obtain veteran points (5%) of your examination score.

EMPLOYMENT EXPERIENCE

Provide your employment history, beginning with your present position and working backwards in your employment experience. Include full time or part time employment. There is no need to go back more than 15 years, or jobs prior to age 18, unless you are under the age of 25. List unemployed periods of over one month separated and list the reason for leaving each place of employment.

PRESENT OR MOST RECENT JOB

Employer:	From:	To:
Street Address:	Salary: \$	per hour per year
City: State: Zip:	Reason for leaving:	
Supervisor Name/title:	Can we contact now?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Title:	Job Duties:	

NEXT MOST RECENT JOB

Employer:	From:	To:
Street Address:	Salary: \$	per hour per year
City:	Reason for leaving:	
Supervisor Name/title:	Are they still in business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Title:	Job Duties:	

PREVIOUS JOB

Employer:	From:	To:
Street Address:	Salary: \$	per hour per year
City:	Reason for leaving:	
Supervisor Name/title:	Are they still in business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Title:	Job Duties:	

PREVIOUS JOB

Employer:	From:	To:
Street Address:	Salary: \$	per hour per year
City:	Reason for leaving:	
Supervisor Name/title:	Are they still in business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Title:	Job Duties:	

PREVIOUS JOB

Employer:	From:	To:
Street Address:	Salary: \$	per hour per year
City:	Reason for leaving:	
Supervisor Name/title:	Are they still in business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Title:	Job Duties:	

SKILLS

List computer software in which you have skill (Microsoft, etc.): _____

List special clerical skills, including typing and shorthand: _____ Typing speed: _____

If applying for an Educational Aide, do you hold a current Aide Certificate? _____

List special equipment or machines (office machines, machine tools, vehicles, construction equipment, etc.): _____

Describe experience or training you have had, which in your opinion, qualifies you for the position you seek: _____

DRIVING INFORMATION:

Do you have a valid Ohio motor vehicle operator’s license? Yes No

If not, are you willing and/or able to secure an Ohio driver’s license if required? Yes No

If you answered “no”, explain: _____

Number of years driving experience: _____ Do you have: Chauffeur’s license? _____ Bus Driver’s Endorsement? _____

If you are applying for a position that requires a driver’s license with a good record, attach a copy of the license.

Has your license ever been suspended for any reason? Yes No If yes, what date: _____ How long? _____

The reason it was suspended: _____

REFERENCES (list the names and addresses of five persons as references (do not include relatives):

Name:	Full Address:	Phone Number:

RESIDENCES List your previous addresses, unless you have resided at your current address for more than five years.

Street Address:	Dates:	
	From:	To:
	From:	To:
	From:	To:
	From:	To:
	From:	To:

Are you a citizen of the United States or otherwise legally eligible for employment in the United States? Yes: No:

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application/interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.

I also understand that if I am employed as a result of this application, my employment is subject to approval by the Reynoldsburg Board of Education. I realize any recommendation for employment by the administrative selection process is temporary, and will not become final until confirmed by the Board of Education.

Signature of Applicant: _____ Date: _____

It is the policy of the Reynoldsburg City School District that educational activities, employment, programs and services are offered without regard to race, color, national origin, sex, handicap or age. Reynoldsburg City School District is an EOE.

Please note that all employees of the Board are required to submit to and pass a BCI/FBI criminal background check. Ohio Revised Code prohibits school districts from hiring individuals who have been convicted of certain infractions of the law.

National Web Check Waiver

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the WebCheck agency (1ZJ660-Reynoldsburg City Schools) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees and Reynoldsburg City School and their employees from all claims and liability related to this authorized criminal record review and dissemination.

This authorization and waiver is valid for one year from the date this background check was conducted.

Signature of Applicant: _____ Date: _____

EMERGENCY CONTACT PERSON

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip _____ Cell: _____

Relationship to You: _____