



APPLICATION FOR EMPLOYMENT

3120/4120 AF

MAPLEWOOD CAREER CENTER
7075 State Route 88, Ravenna, OH 44266
Attention: Superintendent's Secretary
Phone: 330.296.2892 Fax: 330.296.5680

STATEMENT OF NONDISCRIMINATION

It is the policy of this District that no candidate for a position in this District shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age, gender, marital status, non-disqualifying disability, height, or other protected categories.

PERSONAL	
Position desired/Subject area you desire to teach:	Pay expected
Last Name First Middle	Date
Street Address	Home Phone ()
City, State, Zip	Business Phone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____	Social Security No.
Apart from absence for religious observance, are you available for full-time work/all shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what days and hours can you work? _____	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
NEED TO ESTABLISH RIGHT TO WORK In accordance with Federal Law, any person employed by this District must provide evidence that s/he is eligible to work in the United States.	When will you be available to begin work? _____
Would you be interested in substituting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you be interested in teaching adult evening classes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Areas of certification and type of certificate held for each area (include date certificate expires):	
Are you currently employed on a full-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other special training or skills (languages, machine operation, etc.)	

EDUCATION					
School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
College					
High					
Vocational					
Other* (List)					

*special schools such as evening, apprentice, correspondence, extension, etc.

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer

1	Employer or School Name:	Telephone ()
	Address:	Employed (month/year) From To
	Reference may be obtained from:	Hourly Rate or Yearly Salary Start Last
	State job title and describe your work or list subjects taught:	Reason for Leaving

2	Employer or School Name:	Telephone ()
	Address:	Employed (month/year) From To
	Reference may be obtained from:	Hourly Rate or Yearly Salary Start Last
	State job title and describe your work or list subjects taught:	Reason for Leaving

3	Employer or School Name:	Telephone ()
	Address:	Employed (month/year) From To
	Reference may be obtained from:	Hourly Rate or Yearly Salary Start Last
	State job title and describe your work or list subjects taught:	Reason for Leaving

4	Employer or School Name:	Telephone ()
	Address:	Employed (month/year) From To
	Reference may be obtained from:	Hourly Rate or Yearly Salary Start Last
	State job title and describe your work or list subjects taught:	Reason for Leaving

5	Employer or School Name:	Telephone ()
	Address:	Employed (month/year) From To
	Reference may be obtained from:	Hourly Rate or Yearly Salary Start Last
	State job title and describe your work or list subjects taught:	Reason for Leaving

This shall be considered a waiver and release granting permission for school district personnel to contact the persons listed above as references, as well as any other person who may be familiar with my previous job performance or suitability for employment.

Signed, applicant

Date

MILITARY

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service
Describe your duties and any special training	Period of Active Duty (Month & Year)
	From To
	Rank at Discharge
	Date of Final Discharge

OTHER

What other experiences qualify you for the position applied for?

Why would you like to be employed by Maplewood Career Center?

SIGNATURE

The information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so that I may obtain from them the nature and substance of the information contained in the report.

I understand that I may be required to submit to fingerprinting and criminal records check, and that employment/continued employment may be contingent on the receipt of a clear records check from the Bureau of Criminal Records by the school.

Date

Signature

Applicant

Position

Date

REFERENCE CHECK

EMPLOYER	PERSON CONTACTED	COMMENTS

TEST RESULTS

TESTS ADMINISTERED	RAW SCORE	RATING	ANALYSIS AND COMMENTS

INTERVIEW RESULTS

INTERVIEWER NAME AND COMMENTS