

Maple Heights City Schools

14605 Granger Road
Maple Heights, Ohio 44137
(216) 587-6100

EQUAL OPPORTUNITY EMPLOYER

Date of Application _____

Name _____

Social Security No. _____

Home Address _____

Telephone No. _____

Position Applying for: _____

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

(Proof of citizenship or immigration status will be required upon employment.) Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work

Are you currently on "lay-off" status and subject to recall? Yes No

Have you resided exclusively in Ohio the last five years? Yes No

Have you ever been convicted of a felony? Yes No

(You must include any expunged and/or sealed records that have any relationship or bearing on any aspect of the job for which you are applying.)

If yes, please explain _____

Have you ever been convicted of a misdemeanor? Yes No

(You must include any expunged and/or sealed records that have any relationship or bearing on any aspect of the job for which you are applying.)

If yes, please explain _____

E D U C A T I O N

	Name and Address of School	Dates Attended	Diploma or Degree
High School			
Undergraduate College or University			
Other (Please specify)			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

(List in order, beginning with most recent)

Name and Address of Employer	Job Title And Work Performed	Dates Employed

List professional, trade, business, or civic activities and offices held.

You may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

REFERENCES (Please include work references)

1. _____
(Name) (Phone #)

(Address)

2. _____
(Name) (Phone #)

(Address)

3. _____
(Name) (Phone #)

(Address)

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

Check Skills/Equipment Operated:

PC Excel Word PowerPoint
 Typewriter Calculator Fax Publisher

Other (list):

Production/Mobile Machinery (list):

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

I hereby certify that all of the information that I presented on this application is true, accurate and complete to the best of my knowledge. Any falsification of this record will be sufficient cause for rejection or termination of employment.

I hereby authorize representatives of the Maple Heights School District to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby authorize a thorough investigation of my past employment and activities. I agree to cooperate in such an investigation, and release from all liability or responsibility all persons, agencies, educational organizations and corporations requesting or supplying such information. Such inquiries may relate to my work history, personal references, police record, motor vehicle record and anything else, which is likely to determine my acceptability for employment. I also agree to participate in an Ohio Bureau of Criminal Identification and Investigation (BCI) fingerprint criminal history check and in a Federal Bureau of Investigation (FBI) fingerprint criminal history check and understand that my employment may be terminated based on any revealed criminal history.

I acknowledge and understand that Maple Heights City Schools conducts pre-employment drug/alcohol screening. Further, I consent to the taking of specimens for drug/alcohol screening as part of an examination in connection with possible employment or as a condition of my employment with The Maple Heights City Schools, and authorize the release of those results to the Maple Heights City Schools.

Signature of Applicant

Date

Do not write below this line

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