



Secretary
 Teacher Assistant
 Printer
 Occupational Therapy Assistant
 Physical Therapy Assistant

Other _____

Classified Employment Application

2100 38th Street NW
 Canton OH 44709
 330/492-8136

Personal Data

Name (last, first, middle) _____ Date _____

Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Home phone () _____ Message Phone () _____

If employed, can you provide proof of U.S. citizenship? Yes No N/A

Are you 18 or over? Yes No

Position(s) applying for _____

Referred by _____

Education Record

High school

Address _____ Dates attended _____

Degrees or diplomas _____

College/University

Address _____ Dates attended _____

Degrees or diplomas _____

Trade or technical training

Address _____ Dates attended _____

Degrees or diplomas _____

Employment History

Begin with most recent employer. Attach additional sheet if needed.

1. Employer		Dates of employment	
Address			
City	State	Zip code	
Phone ()	Beginning salary	Ending salary	
Title/duties			
Manager's name			
Reason for leaving			

2. Employer		Dates of employment	
Address			
City	State	Zip code	
Phone ()	Beginning salary	Ending salary	
Title/duties			
Manager's name			
Reason for leaving			

3. Employer		Dates of employment	
Address			
City	State	Zip code	
Phone ()	Beginning salary	Ending salary	
Title/duties			
Manager's name			
Reason for leaving			

May we contact your present employer?

Yes

No

References

List three professional references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

1. Reference

Work phone ()

Home phone ()

Address

City

State

Zip code

Relationship

2. Reference

Work phone ()

Home phone ()

Address

City

State

Zip code

Relationship

3. Reference

Work phone ()

Home phone ()

Address

City

State

Zip code

Relationship

READ CAREFULLY BEFORE SIGNING:

I agree that any claim or lawsuit relating to my service with the Stark County Educational Service Center or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature _____

Date _____

It is understood and agreed that the Stark County Department may contact former employer(s) for verification of my employment history and compliance with the Bureau of Criminal Identification and Investigation (BCI) for a background check and I hereby consent to such inquiries.

I understand that if I am employed prior to the District's receipt of the BCI or FBI report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contacts with former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education's rules and regulations and any other legal requirements regarding applicant/employee criminal records, disclosure of convictions, and proper certification.

I further understand that falsification of any and all information on this application or any employment documents or failure to obtain proper certification shall result in my being disqualified from employment or in my employment being terminated. By affixing my signature, I agree to the conditions listed on this application and knowingly waive any rights I may have under Ohio law to challenge the disqualification/termination.

Signature _____

Date _____

