

APPLICATION FOR EMPLOYMENT

*Knox County Career Center
306 Martinsburg Road
Mount Vernon, OH 43050
(740)397-5820
www.knoxcc.org*

Any applicant considered for employment by the Knox County Career Center must pass a drug test at Mid-Ohio Corporate Care and complete BCI and FBI fingerprinting.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, ancestry, genetic information, or any other legally protected status.

(Please Print)

| | |
|--------------------------------|----------------------------|
| Position(s) Applied For | Date of Application |
|--------------------------------|----------------------------|

| | | |
|------------------|-------------------|--------------------|
| Last Name | First Name | Middle Name |
|------------------|-------------------|--------------------|

| | | |
|----------------|-------------|------------|
| Address | City | Zip |
|----------------|-------------|------------|

| | | |
|----------------------------|-----------------------|-------------------------------|
| Telephone Number(s) | e-mail address | Social Security Number |
|----------------------------|-----------------------|-------------------------------|

Have you ever been employed with us before _____ **yes** _____ **no**
 If yes, give date: _____

Do any friends or relatives, other than a spouse work here? _____ **yes** _____ **no**
 If yes, state name and relationship _____

Are you currently employed? _____ **yes** _____ **no**

May we contact employers listed? _____ **yes** _____ **no**

Are you legally authorized to work in the U.S.? (*Proof of citizenship or immigration status will be required upon employment*) _____ **yes** _____ **no**

Can you perform the essential functions of this position with or without reasonable accommodations? _____ **yes** _____ **no**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

| School | Name & Address of School | Course of Study | Years Completed | Diploma/Degree |
|-----------------------|--------------------------|-----------------|-----------------|----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate/Professional | | | | |
| Other (Specify) | | | | |

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service, assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| Employer | Dates Employed | Work Performed |
|--------------------|----------------|----------------|
| Address | From | |
| Telephone Number | | |
| Job Title Held | To | |
| Supervisor | | |
| Reason for Leaving | | |

| Employer | Dates Employed | Work Performed |
|--------------------|----------------|----------------|
| Address | From | |
| Telephone Number | | |
| Job Title Held | To | |
| Supervisor | | |
| Reason for Leaving | | |

| Employer | Dates Employed | Work Performed |
|--------------------|----------------|----------------|
| Address | From | |
| Telephone Number | | |
| Job Title Held | To | |
| Supervisor | | |
| Reason for Leaving | | |

Explanation of gaps in employment _____

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

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List professional, trade, business, or civic activities. *You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.*

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TECHNOLOGY

List computer knowledge and experience

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PERSONAL/PROFESSIONAL REFERENCES *Do not include family members.*

| Name | Phone Number | Best Time to Call | Occupation |
|------|--------------|-------------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

In order for the Knox County Career Center to obtain information regarding my competency for the position(s) for which I am applying, I hereby authorize the 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.

Signature of Applicant

Date

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application. I understand that false or misleading information given in my application or interview(s) will result in termination. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date