

"Equal Opportunity Employer"

It is the policy of the East Knox Local Schools to grant equal employment opportunity to all qualified persons without regard to race, creed, color, sex, age, national origin, religion, physical or mental handicaps, or veteran status to deny ones contribution to our efforts because he or she is a member of a minority group is an injustice, not only to the individual but to the East Knox Local Schools. It is the intent and desire of the East Knox Local Schools that equal employment opportunity will be provided in employment, promotions, wages, benefits and all other privileges, terms and conditions of employment.

**NON-TEACHING EMPLOYMENT APPLICATION
EAST KNOX LOCAL SCHOOL DISTRICT
23201 COSHOCTON ROAD
HOWARD, OH 43028**

For Office use Only: _____

LAST (NAME) FIRST MIDDLE

STREET

(AREA CODE) #1 TELEPHONE

CITY

STATE

ZIP

(AREA CODE) #2 TELEPHONE

E-MAIL ADDRESS (IF AVAILABLE) _____

POSITIONS APPLYING FOR	FULL-TIME	PART-TIME	SUB-
CUSTODIAL			
SECRETARY			
BUS DRIVER			
FOOD SERVICE			
AIDE			
COACHING/OTHER _____			

HAVE YOU EVER WORKED IN A SCHOOL DISTRICT BEFORE? _____

IF YES, IN WHAT SCHOOL DISTRICT _____

POSITION(S) HELD _____

DATE AVAILABLE FOR EMPLOYMENT _____

Military Service (in months):

	NAME OF SCHOOL	STATE	MONTH/YEAR ATTENDED	
HIGH SCHOOL				
TRADE SCHOOL				
COLLEGE/OTHER			FROM	TO

HIGH SCHOOL EDUCATION – CIRCLE HIGHEST GRADE COMPLETED: 9 10 11 12	DID YOU GRADUATE? Yes No	G.E.D. OR EQUIVALENT? Yes No
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ANY OTHER PERTINENT EDUCATIONAL PREPARATION, TRAINING, SPECIAL SKILLS, CERTIFICATION YOU HAVE ACQUIRED WHICH MAY BE HELPFUL: _____

GENERAL INFORMATION

IF PRESENTLY EMPLOYED, WHY DO YOU WISH TO CHANGE? _____

ARE YOU UNDER A CONTRACT? YES _____ NO _____ IF UNDER CONTRACT, WHAT TYPE: ANNUAL/PROBATIONARY, OTHER, _____

REFERRAL SOURCE: ADVERTISEMENT/POSTING _____ EMPLOYEE _____ FRIEND _____ OTHER _____

IN CASE OF AN EMERGENCY NOTIFY: NAME: _____ PHONE #: _____

RELATIONSHIP TO APPLICANT: _____

GENERAL BACKGROUND INFORMATION

WITHIN THE LAST TEN YEARS, HAVE YOU BEEN FIRED FROM ANY JOB FOR ANY REASON? _____YES _____NO

WITHIN THE LAST TEN YEARS, HAVE YOU QUIT A JOB AFTER BEING NOTIFIED THAT YOU WOULD BE FIRED? _____YES _____NO

ARE YOU SUBJECT TO ANY VISA OR IMMIGRATION STATUS, WHICH WOULD PREVENT LAWFUL EMPLOYMENT? _____YES _____NO

It is understood and agreed that East Knox Schools may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCII) 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 BCII report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experiences as verified by contracts with former employers: and 2) receipt of a report demonstrating that I am in compliance with the Board of Education's rules and regulations regarding applicant/employee criminal records and disclosure of criminal convictions.

I further understand that falsification of any and all information on this application 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 will, if employed tender my resignation of employment should I fail to fulfill these conditions.

Signature _____ Date: _____

EXPERIENCE

(PRESENT OR MOST RECENT EXPERIENCE FIRST)

EMPLOYER			LIST GENERAL DUTIES
FROM:		COMPANY NAME: _____	_____ _____ _____ _____ _____
		SUPERVISOR'S NAME: _____	
TO:		CITY, STATE _____	
		PHONE NO: _____	
		JOB TITLE/POSITION: _____	
SALARY \$		REASON FOR LEAVING: _____	
HOURS/ WEEK:		_____	

EMPLOYER			LIST GENERAL DUTIES
FROM:		COMPANY NAME: _____	_____ _____ _____ _____ _____
		SUPERVISOR'S NAME: _____	
TO:		CITY, STATE _____	
		PHONE NO: _____	
		JOB TITLE/POSITION: _____	
SALARY \$		REASON FOR LEAVING: _____	
HOURS/ WEEK:		_____	

EMPLOYER			LIST GENERAL DUTIES
FROM:		COMPANY NAME: _____	_____ _____ _____ _____ _____
		SUPERVISOR'S NAME: _____	
TO:		CITY, STATE _____	
		PHONE NO: _____	
		JOB TITLE/POSITION: _____	
SALARY \$		REASON FOR LEAVING: _____	
HOURS/ WEEK:		_____	

REFERENCES

PLEASE LIST THREE PERSONS WHO ARE NOT RELATED TO YOU AND WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING. COMPLETE THE NAME, ADDRESS, AND PHONE NUMBERS FOR ALL REFERENCES. I HEREBY AUTHORIZE EAST KNOX LOCAL SCHOOL DISTRICT TO CONTACT ANY OF THE BELOW LISTED REFERENCES.

Name	City, State	Phone Number	Occupation	Years Known