

**CLASSIFIED APPLICATION
FOR EMPLOYMENT**

**OHIO VALLEY
EDUCATIONAL SERVICE CENTER
128 E. 8TH ST.
CAMBRIDGE OH 43725**

OV ESC considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status]

(PLEASE PRINT OR TYPE)

Positions(s) Applied For: (please check)	Date of Application _____
<input type="checkbox"/> Ed. Aide <input type="checkbox"/> Custodial <input type="checkbox"/> Secretarial <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name

Address	City	State Zip Code

Telephone Number(s)		

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 (USA) because of Visa or Immigration Status?	___ Yes	___ No
<i>Proof of citizenship or immigration status will be required upon employment.</i>		
Are you available to work:	___ Full Time	___ Part-Time ___ Substitute/Temporary
On what date would you be available for work?	_____	
Are you currently on "lay-off" status and subject to recall?	___ Yes	___ No
Can you travel if a job requires it?	___ Yes	___ No
Have you ever been convicted of a felony or misdemeanor crime of a sexual or immoral nature?	___ Yes	___ No
If yes, please explain:	_____	

OV ESC IS AN EQUAL OPPORTUNITY EMPLOYER		

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Other (Specify)				

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

Other Qualifications: Summarize special job-related skills, apprenticeship and qualifications acquired from employment or other experience

List professional, trade, business or civic activities and offices held, or any information to help us consider your application. *you may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

Do you have a physical condition that might inhibit your ability to perform your duty? ___ Yes
 ___ No

If yes, what would you need to successfully perform your responsibility? _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments. You may exclude employment, which indicates race, color, religion, gender, age, national origin, disabilities or other protected status.

1.	Employer	Dates Employed From To	Work Performed
	Address		
	Telephone Number	Hr. Rt./Salary Starting Final	
	Job Title	Supervisor	
	Reason for Leaving		
2.	Employer	Dates Employed From To	Work Performed
	Address		
	Telephone Number	Hr. Rt./Salary Starting Final	
	Job Title	Supervisor	
	Reason for Leaving		
3.	Employer	Dates Employed From To	Work Performed
	Address		
	Telephone Number	Hr. Rt./Salary Starting Final	
	Job Title	Supervisor	
	Reason for Leaving		

REFERENCES

Do not list relatives. List previous employers if applicable.

1. _____
(Name) Phone with area code

(Address)

2. _____
(Name) Phone with area code

(Address)

3. _____
(Name) Phone with area code

(Address)

APPLICANT'S STATEMENT

THE UNDERSIGNED CERTIFIES THAT ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE.

FURTHER, THE UNDERSIGNED AUTHORIZES ALL PERSONS LISTED AS "REFERENCE" ON THIS APPLICATION, TO PROVIDE A PERSONAL EVALUATION OF MY ABILITIES AND POTENTIAL FOR A POSITION FOR WHICH I AM A CANDIDATE. I ACKNOWLEDGE THAT SAID INFORMATION IS CONFIDENTIAL, AND HEREBY WAIVE MY RIGHT OF ACCESS TO ANY INFORMATION RECEIVED, AND THAT THE INFORMATION SHALL REMAIN CONFIDENTIAL.

I UNDERSTAND THAT FALSE OR INCOMPLETE STATEMENTS SHALL BE SUFFICIENT CAUSE FOR DISQUALIFICATION OR DISMISSAL.

I ALSO UNDERSTAND THAT WITH MY SIGNATURE, I HEREBY AUTHORIZE THE GMNESC TO REVIEW MY LAW ENFORCEMENT RECORDS AS A MEANS OF BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES.

IN ACCORDANCE WITH FEDERAL LAW, ANY PERSON EMPLOYED BY THIS DISTRICT MUST PROVIDE EVIDENCE THAT HE/SHE IS ELIGIBLE TO WORK IN THE UNITED STATES.

Signature of Applicant

Date

Please forward application to:

Guernsey-Monroe-Noble Educational Service Center
National City Bank Building 3rd Floor
749 Wheeling Avenue
Cambridge, Ohio 43725

Received By: _____ Date _____