



NORTHMONT CITY SCHOOL DISTRICT

4001 Old Salem Road
Englewood, OH 45322
(937) 832-5000
(937) 832-5031 Fax

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

An Equal Opportunity Employer

DATE _____

NAME _____
Last First Middle

ADDRESS _____
Number and Street City State Zip Code

HOME TELEPHONE _____ BUSINESS TELEPHONE _____

SOCIAL SECURITY NUMBER _____

SPECIFIC POSITION(S) APPLIED FOR: (check as many as apply.)

- | | |
|---|--|
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Educational Aide |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Library Aide |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Bus Mechanic |
| <input type="checkbox"/> Student Employment | <input type="checkbox"/> Summer Employment |
| <input type="checkbox"/> Latchkey | |

Are you interested in:

_____ Full-time (regular) Employment _____ Substitute Employment

Have you filed an application with our schools before? _____ yes _____ no

If yes, give date _____ and position applied for _____

MISSION STATEMENT

The mission of Northmont City Schools is to provide students an exceptional education with diverse opportunities so they maximize their potential and are productive, responsible citizens.

EDUCATIONAL BACKGROUND

SCHOOL	NAME	LOCATION CITY & STATE	DATES ATTENDED	DIPLOMA OR DEGREE
Last High School Attended				
Colleges or Universities				
Business or Trade				
Other				

List all Experience -
Use Separate Sheet if Necessary

WORK EXPERIENCE

FROM MO/YR	TO MO/YR	NAME AND ADDRESS OF EMPLOYMENT	IMMEDIATE SUPERVISOR	TYPE OF JOB

REFERENCES

FULL NAME OF REFERENCE	POSITION	ADDRESS NUMBER	STREET	CITY	STATE	ZIP

List any additional information you think would be helpful concerning your knowledge, skills and experience related to the job for which you are applying.

Briefly state what you feel you can contribute as an employee for the Northmont City School District in the position for which you are applying.

Have you ever been involuntarily terminated from employment in a previous job? yes no
If yes, please give the name of the company, the date, and the reasons for the termination.

Are you aware of any reason you would not be able to perform the duties required of the position for which you are making an application? Yes no If yes, please explain.

The Northmont City School District is an Equal Opportunity Employer and no person shall be excluded from employment on the basis of protected class status. It is the policy of the Northmont Board of Education that the best qualified applicant shall be selected for each position without regard to age, race, color, creed, religion, national origin, handicap or sex.

AGREEMENT

I hereby certify that the above information, to the best of my knowledge, is true, accurate, and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, It is understood that this application and records become the property of the Northmont City School District which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the Northmont City School District, if I am employed.

Signature of Applicant

I hereby authorize Northmont City School District to conduct work history, personal reference or police record inquiries to determine my acceptability for employment.

Signature of Applicant

PLEASE READ THE FOLLOWING STATEMENT AND SIGN

With the understanding that falsification of any information furnished on this application is grounds for the rejection of this application or dismissal after my employment (if I am hired), I certify that all such information is true and complete to the best of my knowledge, and I hereby authorize agents of the Northmont City Schools and those acting in accordance with their direction to investigate same. I understand that any such investigation may include, but need not be limited to, an inquiry to the Ohio Bureau of Criminal Identification and investigation and to other law enforcement agencies; I accordingly agree to cooperate promptly and fully during the application process in being fingerprinted and otherwise in completing and signing all forms required for any such inquiry, and I acknowledge that my failure to cooperate shall cause the rejection of my application. Further, I hereby give my permission to the Ohio Bureau of Criminal Identification and Investigation and other law enforcement agencies, as well as any and all other persons and entities who might have knowledge concerning information that I have provided on this form, to disclose to agents of the Northmont City Schools and those acting in accordance with their direction all pertinent information in their possession (except to the extent that I have expressly stated otherwise on this form), and I release those so requesting, receiving, and providing that information, and their respective agents and principals, from any and all liability in connection therewith to the full extent permitted by law, and I voluntarily authorize Northmont City Schools to contact any references whose names I have submitted. I voluntarily release this school district and any persons providing information from any liability and claims relating to the use of information obtained.

Date _____

Signature of Applicant _____

This application will remain on file for one year from the date of application only.