

Parkway Local Schools

Certified Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First MI

Address: _____
Street Address Apt/Unit #

City State Zip Code

Phone: _____ E-Mail Address: _____

Position Applied for: _____

Date Available: _____ Desired Salary: _____

- | | | | | | |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| Are you a citizen of the United States? | <input type="checkbox"/> | <input type="checkbox"/> | Are you currently working? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever worked for this school? | <input type="checkbox"/> | <input type="checkbox"/> | May we contact your present employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you travel if a job requires it? | <input type="checkbox"/> | <input type="checkbox"/> | Are you on layoff and subject to recall? | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you submit to a drug screening test? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience:

Education

	High School	College/University	Graduate/Professional
School Name			
Years Completed: (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
License/Certificate	Number	Subjects	Expiration Date
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities			

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Address	Telephone Number	Position and Status: FT/PT/Temp
Describe duties: _____ _____ _____			
Dates Employed:	Hourly Rate/Salary	Name/Title of Supervisor	Reason for Leaving
From:	Starting:		
To:	Final:		

Employer	Address	Telephone Number	Position and Status: FT/PT/Temp
Describe duties: _____ _____ _____			
Dates Employed:	Hourly Rate/Salary	Name/Title of Supervisor	Reason for Leaving
From:	Starting:		
To:	Final:		

Employer	Address	Telephone Number	Position and Status: FT/PT/Temp
Describe duties: _____ _____ _____			
Dates Employed:	Hourly Rate/Salary	Name/Title of Supervisor	Reason for Leaving
From:	Starting:		
To:	Final:		

If you need additional space, please continue on a separate sheet of paper.

Additional Information

Please present any additional information concerning your work objective, interests, and experience which will be helpful in evaluating your qualifications. Include business/professional organizations, honors, etc. You are not required to divulge any information which discloses race, national origin, color, religion, citizenship, age, sex, pregnancy, physical or mental disability, union involvement, or membership in any other protected class.

References

Include only individuals familiar with your work ability. Do not include relatives.

Name	Address	Phone	Occupation/Title
Name	Address	Phone	Occupation/Title
Name	Address	Phone	Occupation/Title

Disclaimer and Signature

Effective 10/15/1993, all applications for employment for positions with the Parkway Local Schools shall include the following information:

- Employment application information/release
- Application form

Additionally, all persons to be employed after 10/29/1993 shall be advised of and sign the following release as a condition of employment:

I acknowledge being informed that, as a precondition to employment, in the position for which I am applying, I must in accordance with Ohio law both provide a set of fingerprints and satisfactorily pass a criminal records check if I am to be considered for employment.

I represent that all information furnished in connection with this application is true and accurate to the best of my knowledge. I further recognize that, should the employer discover that I have falsified any such information, I will not be hired or if already hired, will be subject to termination from employment on that ground.

By signing, I grant permission to Parkway Local Schools to contact any and all references.

Applicant
Signature: _____ Date: _____

The Board of Education does not discriminate on the basis of race, color, religion, national origin, sex, disability, or age in its programs and activities, including employment opportunities.