



# BUCKEYE CAREER CENTER

545 University Drive NE  
New Philadelphia, Ohio 44663

Please Type or Print in Pen  
Mail or deliver to school

## Classified Employment Application

### Applicant Information

Date of Application: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Full Name: \_\_\_\_\_

Circle: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Dr./ Ms./Mrs./Mr.

Address: \_\_\_\_\_

Street Address

Apartment/Unit #

City

State

Zip Code

Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security Number (Optional): \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, are you authorized to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to any felony, any violation of RC 2907.04 or 2907.06, or division (A) or (C) of RC 2907.07, any offense of violence, theft offense (as defined in RC 2925.01) which is not a minor misdemeanor, or any misdemeanor sex offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a physical condition that might inhibit you from carrying out the duties of the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what accommodations do you feel we could make which would allow you to perform the duties of the position for which you are applying? \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES  NO

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

Please list three professional references.

1. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

1. Present Company: \_\_\_\_\_ Phone: \_\_ (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Duties: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your current employer for a reference?       YES       NO
2. Previous Company: \_\_\_\_\_ Phone: \_\_ (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Duties: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_
3. Previous Company: \_\_\_\_\_ Phone: \_\_ (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Duties: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Honorably Discharged?    Yes    No   If no, explain: \_\_\_\_\_  
\_\_\_\_\_

## Disclaimer and Signature

In order for the Buckeye Career Center to obtain information regarding my competency for the position(s) for which I am applying, I hereby authorize its 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. (Applicant is responsible for the cost of all background record checks.)

I hereby affirm that the information supplied herein is complete and accurate. I understand that false statements or information or willful misrepresentation and/or omission of information shall be just cause for rejection of my application or dismissal in the event I am hired.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_