

APPLICATION FOR EMPLOYMENT

**Canton Local School District
4526 Ridge Avenue S.E.
Canton, Ohio 44707
Phone 484-8010**

Date _____

Soc. Security # _____

Name _____
Last First Middle Initial

Present Address _____
Number Street City State Zip

How many years have you lived at this address? _____ Telephone No. _____

Job(s) applying for 1. _____
2. _____

How did you learn of this opening? _____

Do you want to work () Full time or () Part-time?

Have you worked for us before? _____ If yes, when? _____

If hired, on what date will you be available to start work? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work in this position?

What kind of job-related office equipment can you operate? _____

Have you ever been convicted of a felony or traffic violation? ()No ()Yes

If yes, describe in full. _____

Person to be notified in case of accident or emergency

Name _____ Home Phone Number _____
Address _____ Work Phone Number _____

NOTIFICATION: No person shall on the basis of race, color, religion, sex, national origin, ancestry, age, creed, marital or veteran status, or the presence of a non-job related medical condition or handicap be denied employment by the Canton Local School District.

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	YEARS ATTENDED	GRADUATED ()Yes ()No	COURSE OR MAJOR
High School			()Yes ()No	
College			()Yes ()No	
Business or Trade			()Yes ()No	
Other			()Yes ()No	

PRIOR WORK HISTORY (List in order, last or present employer first.)

DATE MONTH AND YEAR FROM TO	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

PERSONAL REFERENCES

(Give below the names of persons not related to you, whom you have known at least one year.)

	NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN
1					
2					
3					

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for dismissal. All employees will be fingerprinted and the record reviewed before final approval for employment.

I authorize Canton Local Schools to verify all data given and to check with each reference unless I state otherwise on this application.

Signature of Applicant _____ Date _____

Application will remain active for a period of two years from date submitted.

(FOR ADMINISTRATIVE USE ONLY)

INTERVIEW () YES () NO Date _____ Time _____

Result of Interview _____

Acceptable for employment? _____ Starting Rate _____ Starting Date _____ Shift _____
Occupation _____ Dept. _____

Interviewed by: _____ Employed by: _____
Date of Board Action: _____