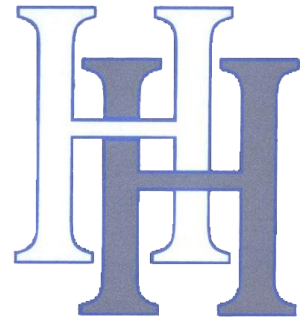


**HARRISON HILLS CITY SCHOOLS**  
100 Huskies Way.  
Cadiz, OH 43907  
**APPLICATION FOR EMPLOYMENT**  
Phone: 740.942.7800  
Fax: 740.942.7808  
**Certified Personnel**



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**I. Position Desired**

Position Applying for: \_\_\_\_\_

Current Certificate that you hold (*list all*) \_\_\_\_\_

*(Please include a copy of your current valid license for the applied position)*

Would you like to be on the substitute list \_\_\_\_\_

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**II. Personal Information**

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Present Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Have you ever applied to the Harrison Hills City Schools before? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, for what position? \_\_\_\_\_ Date of Application \_\_\_\_\_

Have you ever been employed by the Harrison Hills City Schools before? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, indicate under what name, position, and dates of employment \_\_\_\_\_

\_\_\_\_\_

Date available for employment \_\_\_\_\_

Type of contract under which you are now employed:

Limited \_\_\_\_\_ Continuing \_\_\_\_\_ Not under contract \_\_\_\_\_

Present Salary \_\_\_\_\_

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**III. Education***Please attach a copy of all transcripts with the application*

	Name and Address	No. of Years Completed	Diploma Received (Yes / No)
High School			
College/ University			
Graduate Work			
Other			

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**IV. Your Philosophy of Education and Educational Goals**Philosophy \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Goals \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**V. Special Qualifications**In what college activities did you participate? \_\_\_\_\_  
\_\_\_\_\_What school activities do you feel you could successfully direct? \_\_\_\_\_  
\_\_\_\_\_

List any special talents, honors, interests or accomplishments? \_\_\_\_\_

What are your goals for the future? \_\_\_\_\_

Academic \_\_\_\_\_  
\_\_\_\_\_Professional \_\_\_\_\_  
\_\_\_\_\_

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**VI. Teaching Experience**

Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Full Time: \_\_\_\_\_ or Part-Time \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_

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Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Full Time: \_\_\_\_\_ or Part-Time \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_

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Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Full Time: \_\_\_\_\_ or Part-Time \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_

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**VII. References**

Name \_\_\_\_\_ Position: \_\_\_\_\_

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

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

Name \_\_\_\_\_ Position: \_\_\_\_\_

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

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

Name \_\_\_\_\_ Position: \_\_\_\_\_

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

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

Name \_\_\_\_\_ Position: \_\_\_\_\_

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

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

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**Additional Information**

Have you ever been convicted of a crime (misdemeanor or felony?) Yes      No

If yes, give date and circumstances on an attached page.

I authorize Harrison Hills City Schools to make an investigation of my personal employment history and to conduct a criminal records check. I hereby authorize my previous employers to provide all information which they may have concerning my past employment. I release the Harrison Hills City School District Board of Education and all previous employers from any potential liability resulting from the release of information.

I have read this information carefully and certify that the information I have given is correct and complete. I understand that the falsification of any statement on this application, or in any personal interview, will constitute grounds for non-employment and/or dismissal.

Signed \_\_\_\_\_ Date \_\_\_\_\_

The Harrison Hills City School system is an Equal Opportunity Employer. As such, the system is required by Federal/State legislation to provide employment opportunity for all applicants without regard to race, color, religion, national origin, sex, age, or disability.

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**Criminal Background Check**

The Harrison Hills City School District has adopted a policy to maintain the integrity of our employees and insure a positive learning environment for our students. The criminal background check policy requires that, as a condition of employment, a criminal background check will be conducted on all candidates recommended for employment.

The criminal background check/web check will be initiated following the recommendation of an applicant for employment. If the criminal background check does not reveal arrests/convictions that may affect the employability of the person, then, pending Board of Education approval, the person will be considered for employment with the Harrison Hills City School District. Final decisions about employment will be made after receiving results of the criminal background check/web check and a reference check. Copies of the criminal background check/web check will be confidential and maintained in the Superintendent's Office.

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**National WebCheck Waiver**

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize WebCheck agency (2UR565-Harrison Hills City School District) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI & I and their employees' from all claims and liability related to this authorized criminal record review and dissemination.

This authorization and waiver is valid for one year from the date this background check was conducted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date