

HARRISON HILLS CITY SCHOOLS 100 Huskies Way Cadiz, OH 43907 APPLICATION FOR EMPLOYMENT

Non-Certified Personnel Phone: (740) 942-7800

rone: (740) 942-7808 Fax (740) 942-7808



I.	Position-(check more than one)			
	Custodian	Secretary		
	Cafeteria	Bus Driver		
	Mechanic	Aide		
	Maintenance	Other	Specify Job	
	Would you like to be on the substitute list			
II.	Personal Information:	Email address		
		Social Security	Number	
Na	me(Last) (First)		(Middle/Maiden)	
	(Last) (First)	(Cir.)		
Pre	(Last) (First)	(City)	(State)	(Zip)
Pre	(Last) (First) esent Address(Street)	(City) Cell # ()_	(State)	(Zip)
Pre Ho	(Last) (First) esent Address (Street) me Telephone ()	(City) Cell # ()_ nools before?	(State) Yes No	(Zip)
Pre Ho Ha	(Last) (First) esent Address (Street) me Telephone () ve you ever applied to the Harrison Hills City Scl	(City) Cell # ()_ nools before? Dat	(State) Yes No e of Application	(Zip)

III. Education (It is the applicant's responsibility to furnish all documents, data, and/or proof of education included in this application)

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

IV. **Experience** Name of Employer: ______ To: _____ To: _____ Address: ______ Phone: (____) ____ Job Title: Reason for leaving:______ or Part-Time _____ Name and title of supervisor ______ ______ Phone: (_____) _____ Address: Job Title: ______ Reason for leaving: _____ or Part-Time _____ Name and title of supervisor _____ Name of Employer: ______ From: _____ To: _____ Address: ______ Phone: (____) ____ Job Title: _____ Reason for leaving:______ or Part-Time _____ Name and title of supervisor _____ Address: ______ Phone: (____) _____ Job Title: _____ _____ Full Time: _____ or Part-Time _____ Reason for leaving:_____ Name and title of supervisor ______

V. References Name	Position:				
Address:					
Phone: ()					
Name	Position:				
Address:					
Phone: ()					
Name	Position:				
Address:					
Phone: ()					
Name	Position:				
Address:					
Phone: ()					
VI. Space is provided below for additional information					
applying and for additional information not covered by thi	s application.				
VII. Additional Information Have you ever been convicted of a crime (misdemeanor or and circumstances on an attached page.	r felony?) Yes No If yes, give date				
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 complete. I understand that the falsification of any state interview, will constitute grounds for nonemployment/dis	ement on this application, or in any personal				
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.

VIII. 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.

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 f	for one year from the date this background check was co	nducted.
Signature	Date	