

APPLICATION FOR EMPLOYMENT

*Knox County Career Center
306 Martinsburg Road
Mount Vernon, OH 43050
(740)397-5820
www.knoxcc.org*

Any applicant considered for employment by the Knox County Career Center must pass a drug test at Mid-Ohio Corporate Care and complete BCI and FBI fingerprinting.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, ancestry, genetic information, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application
--------------------------------	----------------------------

Last Name	First Name	Middle Name
------------------	-------------------	--------------------

Address	City	Zip
----------------	-------------	------------

Telephone Number(s)	e-mail address	Social Security Number
----------------------------	-----------------------	-------------------------------

Have you ever been employed with us before _____ **yes** _____ **no**
 If yes, give date: _____

Do any friends or relatives, other than a spouse work here? _____ **yes** _____ **no**
 If yes, state name and relationship _____

Are you currently employed? _____ **yes** _____ **no**

May we contact employers listed? _____ **yes** _____ **no**

Are you legally authorized to work in the U.S.? (*Proof of citizenship or immigration status will be required upon employment*) _____ **yes** _____ **no**

Can you perform the essential functions of this position with or without reasonable accommodations? _____ **yes** _____ **no**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service, assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed	Work Performed
Address	From	
Telephone Number		
Job Title Held	To	
Supervisor		
Reason for Leaving		

Employer	Dates Employed	Work Performed
Address	From	
Telephone Number		
Job Title Held	To	
Supervisor		
Reason for Leaving		

Employer	Dates Employed	Work Performed
Address	From	
Telephone Number		
Job Title Held	To	
Supervisor		
Reason for Leaving		

Explanation of gaps in employment _____

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

List professional, trade, business, or civic activities. *You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.*

TECHNOLOGY

List computer knowledge and experience

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

In order for the Knox County Career Center to obtain information regarding my competency for the position(s) for which I am applying, I hereby authorize the 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.

Signature of Applicant

Date

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application. I understand that false or misleading information given in my application or interview(s) will result in termination. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date