



3325 Shawnee Road
 Lima, Ohio 45806-1454
 (419) 998-2911
 Fax (419) 999-5127

NOTE: The applicant should exercise care in preparing this form. Information given herein is in the nature of a representation, and if incorrect on a material fact, will constitute sufficient cause for cancellation of the contract in case of election. Do not omit any item unless it is stated to be omitted.

Position Desired

Name _____ Soc. Sec. No. _____

Street Address _____ Home Phone _____

City _____ State _____ Zip Code _____

E-mail _____ Cell Phone _____

Permanent Address (If different) _____

Why Are You Interested in This Position?

ACADEMIC EXPERIENCE: High School(s), Colleges, Universities attended and location.

List highest degree first.

School	Degree	Year	Major	Minor

EDUCATIONAL EMPLOYMENT EXPERIENCE: (To be omitted by non-instructional applicants)

Dates Employed MM/YY to MM/YY	Name of School or Institution	City/State	Subjects Taught	Were you on a continuing contract?

Reason(s) for Leaving:

ARE YOU A RETIREE OF ANY OF THE FOLLOWING OHIO PUBLIC RETIREMENT SYSTEMS?

State Teachers Retirement System, School Employees Retirement System, State Highway Patrol Retirement System, Ohio Police & Fire Pension Fund, City of Cincinnati Retirement System

Yes No If yes, please specify which system: _____
and give effective date of retirement: _____

CERTIFICATION/LICENSURE STATUS:

Are you currently certified or licensed in Ohio for the position applied for? Yes No

Certificate/License Number _____ Grades _____ Type _____

NON-EDUCATIONAL EMPLOYMENT EXPERIENCE:

Dates Employed MM/YY to MM/YY	Name of Employer	Address of Employer	Official Title of Your Job	Name of Supervisor

Reason (s) for Leaving:

MILITARY SERVICE RECORD:

Were you in U.S. Armed Forces? Yes No

If Yes, Branch of Service: _____

Period of Active Duty (Month & Year): From _____ To _____

Total Years Active Duty: _____

OTHER WORK EXPERIENCE AND ACHIEVEMENTS VALUABLE TO YOUR CAREER:

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:

CIVIC AND COMMUNITY AFFILIATIONS:

Please list below the names and address of five persons who can speak of your professional competency and character.

Name _____ Address _____

Type of Acquaintance _____ Phone _____

Name _____ Address _____

Type of Acquaintance _____ Phone _____

Name _____ Address _____

Type of Acquaintance _____ Phone _____

Name _____ Address _____

Type of Acquaintance _____ Phone _____

Name _____ Address _____

Type of Acquaintance _____ Phone _____

Do we have permission to contact the above named persons? Yes No

Are you currently under contract? _____

With whom? _____

What is your present salary? \$ _____ Expected salary? \$ _____

Could you come for an interview? _____ When could you begin work? _____

Ohio law requires school districts to conduct criminal background checks on all applicants and disqualifies individuals with certain criminal backgrounds from employment in certain positions in public schools. Any offer of employment will be contingent on the satisfactory results of a criminal background check as determined by the Superintendent in accordance with Ohio law.

PLEASE READ CAREFULLY

I understand that I shall not become an employee of the Apollo Joint Vocational School District until I have signed a contract which has been authorized by official action of the Apollo Joint Vocational Board of Education. I affirm that I am aware that applicable information concerning my qualifications for employment will be collected by the Apollo Joint Vocational Board of Education in determining my suitability for employment and I hereby waive any claim to review or inspect such information or material collected from confidential sources.

This application will be considered void after it has been on file in this office for a period of one year. If you wish to have it renewed, it will be necessary for you to notify us in writing.

You may attach to this application any further description of your qualifications, accomplishments, community activities, honors received, writings published, or other items that you feel will be helpful in evaluation of your application.

I agree that any claim or lawsuit relating to my service with Apollo JVSD must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature of Applicant

Date

It is the policy of the Apollo Joint Vocational School District that educational activities, employment practices, programs, and services are offered without regard to race, color, national origin, sex, religion, disability, or age.

Revised 08.14.18