

# APPLICATION FOR EMPLOYMENT

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

**Any applicant considered for employment by the Knox County Career Center must pass a drug test at Mid-Ohio Corporate Care.**

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.**

(Please Print)

<b>Position(s) Applied For</b>	<b>Date of Application</b>
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<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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<b>Address</b>	<b>City</b>	<b>Zip</b>
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<b>Telephone Number(s)</b>	<b>e-mail address</b>	<b>Social Security Number</b>
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<b>Have you ever been employed with us before</b> If yes, give date: _____	_____ yes _____ no
<b>Do any friends or relatives, other than a spouse work here?</b> If yes, state name and relationship _____	_____ yes _____ no
<b>Are you currently employed?</b>	_____ yes _____ no
<b>May we contact employers listed?</b>	_____ yes _____ no
<b>Are you legally authorized to work in the U.S.? (<i>Proof of citizenship or immigration status will be required upon employment</i>)</b>	_____ yes _____ no
<b>Have you ever been convicted of a crime?</b>	_____ yes _____ no
<b>Have you had any legal charges made against you that would prevent you from working in a public school with minors?</b>	_____ yes _____ no
<b>Can you perform the essential functions of this position with or without reasonable accommodations?</b>	_____ 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  To	
Telephone Number		
Job Title Held		
Supervisor		
Reason for Leaving		

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Telephone Number		
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Supervisor		
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Address	From  To	
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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.***

<b>Name</b>	<b>Phone Number</b>	<b>Best Time to Call</b>	<b>Occupation</b>
1.			
2.			
3.			

**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**