



**BLANCHESTER BOARD OF EDUCATION**  
**951 CHERRY ST**  
**BLANCHESTER, OH 45107**  
(REVISED 02/06)

Prospective employees will receive  
consideration without discrimination  
Because of race, creed, color, gender, age, national origin,  
disability, or veteran status

# APPLICATION FOR EMPLOYMENT

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|----------------------------------------------------------------------------------------------|
| Last Name                                                                                                                                                                              | First | Middle | Date                                                                                         |
| Street Address                                                                                                                                                                         |       |        | Home Phone<br>(      )                                                                       |
| City                                                                                                                                                                                   | State | Zip    | Business Phone<br>(      )                                                                   |
| Have you applied for employment with us previously?<br>No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Month and Year _____ Location _____ Position _____             |       |        | Email Address                                                                                |
| Position Desired                                                                                                                                                                       |       |        | Social Security Number<br>-      -                                                           |
| (Teachers only) Please list all areas of Certification (may use back if needed)                                                                                                        |       |        | Pay Expected                                                                                 |
| (Apart from absence for religious observances, are you available for full-time work?<br>No <input type="checkbox"/> Yes <input type="checkbox"/> If No, what hours can you work? _____ |       |        | Will you work overtime if asked?<br>No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Are you legally eligible for employment in the United States?<br>No <input type="checkbox"/> Yes <input type="checkbox"/>                                                              |       |        | When will you be available to begin work?                                                    |
| Other special training or skills? ( may use back if needed)                                                                                                                            |       |        |                                                                                              |
| How did you learn of our school district?                                                                                                                                              |       |        |                                                                                              |

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| School Attended | Name and Location of School | Course of Study | No. of Years Completed | Did you Graduate?                                           | Degree or Diploma |
|-----------------|-----------------------------|-----------------|------------------------|-------------------------------------------------------------|-------------------|
|                 |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
|                 |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
|                 |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
|                 |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |

## MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(exclude those which may disclose your race, color, religion, or national origin)

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# Employment History

(You may attach a resume in lieu of completing this section)

Please give accurate, complete, full-time and part-time employment record.  
Start with present or most recent employer

|   |                                                                     |                                                     |
|---|---------------------------------------------------------------------|-----------------------------------------------------|
| 1 | Company or School District Name                                     | Phone<br>(   )                                      |
|   | Address                                                             | Employed (Month and Year)<br>From _____ To _____    |
|   | Name of Supervisor or Principal                                     | Annual Salary<br>Beginning \$ _____ Ending \$ _____ |
|   | Grade and Subjects Taught or Job Title and Description of your Work | Reason for Leaving                                  |
|   |                                                                     |                                                     |

|   |                                                                     |                                                     |
|---|---------------------------------------------------------------------|-----------------------------------------------------|
| 2 | Company or School District Name                                     | Phone<br>(   )                                      |
|   | Address                                                             | Employed (Month and Year)<br>From _____ To _____    |
|   | Name of Supervisor or Principal                                     | Annual Salary<br>Beginning \$ _____ Ending \$ _____ |
|   | Grade and Subjects Taught or Job Title and Description of your Work | Reason for Leaving                                  |
|   |                                                                     |                                                     |

|   |                                                                     |                                                     |
|---|---------------------------------------------------------------------|-----------------------------------------------------|
| 3 | Company or School District Name                                     | Phone<br>(   )                                      |
|   | Address                                                             | Employed (Month and Year)<br>From _____ To _____    |
|   | Name of Supervisor or Principal                                     | Annual Salary<br>Beginning \$ _____ Ending \$ _____ |
|   | Grade and Subjects Taught or Job Title and Description of your Work | Reason for Leaving                                  |
|   |                                                                     |                                                     |

|   |                                                                     |                                                     |
|---|---------------------------------------------------------------------|-----------------------------------------------------|
| 4 | Company or School District Name                                     | Phone<br>(   )                                      |
|   | Address                                                             | Employed (Month and Year)<br>From _____ To _____    |
|   | Name of Supervisor or Principal                                     | Annual Salary<br>Beginning \$ _____ Ending \$ _____ |
|   | Grade and Subjects Taught or Job Title and Description of your Work | Reason for Leaving                                  |
|   |                                                                     |                                                     |

|                                                                                                           |                                           |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <i>We may contact the employees listed above unless you indicate those you do not want us to contact.</i> | <b>DO NOT CONTACT</b>                     |
|                                                                                                           | Employer Number(s) _____<br>Reason: _____ |

|                                                    |                                                                     |                                      |
|----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------|
| <b>M<br/>I<br/>L<br/>I<br/>T<br/>A<br/>R<br/>Y</b> | <b>Complete this section if you served in the U.S. Armed Forces</b> | Branch of Service                    |
|                                                    | Describe your duties and any special training                       | Period of Active Duty (Month & Year) |
|                                                    |                                                                     | From _____ To _____                  |
|                                                    |                                                                     | Rank at Discharge                    |
|                                                    |                                                                     | Date and Type of Final Discharge     |

## General Information

Are you a U.S. Citizen? Yes ☐ No ☐

Have you ever been bonded Yes ☐ No ☐ If yes, with what employer's \_\_\_\_\_

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? Yes ☐ No ☐  
If Yes, describe in full.

(Please Note: All employment is subject to the results of a criminal records check)

State Names of Relatives and Friends working for us.

Have you ever received disability insurance? Yes ☐ No ☐ Have you ever received worker's compensation? Yes ☐ No ☐

Have you any physical defects which preclude you from performing certain jobs? Yes ☐ No ☐  
If Yes, please describe.

Please provide a brief statement concerning your particular strengths and abilities which will benefit Blanchester Local School District (may use back for additional)

## Signature

The information in the application for employment is true, correct, and complete. If employed any misstatement or omission of fact on the application, may result in my dismissal. Candidates for employment may be required to undergo a criminal records check as required by the O.R.C. 3319.39

I understand that the acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide. To engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date \_\_\_\_\_ Signature \_\_\_\_\_

This area for additional comments

Area below reserved for office use only