



Office of the Adult Education Director
151 32 Parkway
Williamsburg, Ohio 45176
(937) 378-6131 Ext 402

Non-Certified / Adult Education

Applications are filed for two (2) years.

Please Print

Date of Application _____ Position _____

Referral Source: _____Advertisement _____Friend _____Relative _____Walk-In _____Employment Agency

_____Other, explain _____

Name: _____
Last First Middle

Address: _____
Street Number or P.O. Box Street Name City State Zip

Telephone: (_____) _____ cell phone _____

Email _____, Social Security Number ____/____/____

Other contact: _____ Phone: _____

Have you previously filed an application here? _____No _____Yes; If yes, date _____

Were you previously employed by Southern Hills &/or Grant Career Center? _____No _____Yes;
If yes, date _____

Currently employed? _____No _____Yes; May we contact your present employer? _____No _____Yes

Are you able to work _____Full Time _____Part Time _____Temporary _____Days _____Evenings

If employed and you are under 18 years of age, a work permit will be required.

Do you have an account with any social networking site(s)? i.e. Facebook, My Space, etc. If so, please list

the site(s) _____

The Brown & Clermont Adult Career Campuses is an equal opportunity educational institution. Employment and educational programs are offered without regard to race, color, religion, national origin, gender, disability, military status, ancestry, age, genetic information or any other legally protected characteristic and provide equal access to the Boys Scouts and other designated youth groups. The district prohibits harassment of individuals in any form. Any alleged act of discrimination or harassment should be referred to Mrs. Susan Hakel, Title IX Coordinator: Civil Rights Officer, 718 West Plane Street, Bethel, Ohio 45106, 513-734-6222 X 99104.

Do you have any health conditions that would prevent you from performing the job for which you are applying? ____No ____Yes If yes, explain: _____

Are you a citizen of the United States? ____No ____Yes

Have you ever been arrested? ____No ____Yes If yes, please explain briefly: _____

Please list any skills, experience, etc., you have that would enable you to perform or better perform the job for which you are applying.

Education:

School: _____ Date Completed: _____

Highest Grade Completed: _____ Diploma/Degree: _____

References

List name, address and telephone numbers of three references who are not related to you:

Name:	Address:	City:	State:	Zip Code:	Phone:

Employment Experiences:

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Company Name:
Address:
Job Title:
Supervisor:
Dates of Employment:
Job Duties:

Company Name:
Address:
Job Title:
Supervisor:
Dates of Employment:
Job Duties:

Company Name:
Address:
Job Title:
Supervisor:
Dates of Employment:
Job Duties:

Company Name:
Address:
Job Title:
Supervisor:
Dates of Employment:
Job Duties:

Company Name:
Address:
Job Title:
Supervisor:
Dates of Employment:
Job Duties:

In your own handwriting, mention any additional information which might strengthen your application, such as: specialized training you have received, apprenticeship skills, extra-curricular activities, clubs, groups and associations you belong to, honors you have achieved, or other pertinent information.

I certify that all the statements made by me in this application are true, complete and correct to the best of my knowledge and that I am aware that any false statements will be sufficient cause for rejection or job termination.

I hereby authorize the transfer of all school records. I further authorize Brown & Clermont Adult Career Campuses to contact any references whose names I have submitted to discuss my willingness and ability to perform the job for which I am applying. I also release the School district and any of the persons providing information from any liability or legal claims for making such contact or from using or providing any of the information obtained.

I understand that the school may want to verify the statements I have made in this application. I hereby give my permission for its authorized representative either at this time or any time during my employment, to request and review any of my medical records, employment records, court records and police records from any local, state or federal agency keeping such records. Records, references and information transferred by this release are not to be transferred to any other third party.

Applicant Signature _____ Date _____

For Office Use Only

Interviewed by: _____ Date: _____

Interviewer's Comments: _____
