



# EMPLOYMENT APPLICATION

## For Instructors or Administrators

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Courtesy Title

Other Name(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Optional

Address \_\_\_\_\_  
Street County  
City State Zip

Permanent Address (if different) \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_

Personal Homepage (optional) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Signature \_\_\_\_\_

### POSITION DESIRED

- Administration
  - Superintendent
  - Director
  - Supervisor (state area) \_\_\_\_\_
- Instruction
  - Secondary Career-Technical (area) \_\_\_\_\_
  - Secondary Academic (area) \_\_\_\_\_
  - Other (specify) \_\_\_\_\_
  - Adult Education (specify) \_\_\_\_\_

### CERTIFICATION INFORMATION

Do you currently possess licensure in Ohio for the position applied? \_\_\_\_\_

If not, when will you become certified? \_\_\_\_\_ Have you earned a continuing contract? \_\_\_\_\_

Do you currently possess certification in another state? \_\_\_\_\_ If yes, what state? \_\_\_\_\_

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Licensure Subject(s) \_\_\_\_\_

Did you pass the Praxis II exam? \_\_\_\_\_ Did you pass the Praxis III exam? \_\_\_\_\_

**PERSONAL DATA**

1. **List Professional Activities** \_\_\_\_\_  
\_\_\_\_\_
  
2. **Have you ever been convicted or, found guilty of or pled guilty to a felony?**      Yes       No
  
3. **Have you ever had a teaching certificate limited, suspended or revoked?**      Yes       No
  
4. **Have you ever surrendered a teaching certificate, license or permit?**      Yes       No
  
5. **Have you ever been discharged or asked to resign from a prior position?**      Yes       No
  
6. **Are you presently being investigated by your present employer?**      Yes       No
  
7. **Are you currently under contract?** \_\_\_\_\_ **With Whom?** \_\_\_\_\_
  
8. **Why do you wish to make a change? (optional)** \_\_\_\_\_  
\_\_\_\_\_
  
9. **What is your present salary?** \_\_\_\_\_ **Expected salary?** \_\_\_\_\_
  
10. **When would you be able to start work?** \_\_\_\_\_
  
11. **How did you hear about employment opportunities with Penta?** \_\_\_\_\_
  
12. **Why do you want to work at Penta Career Center?** \_\_\_\_\_  
\_\_\_\_\_
  
13. **List any information that will supplement your qualifications** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
14. **List computer programs in which you are proficient** \_\_\_\_\_  
\_\_\_\_\_



**MILITARY SERVICE RECORD**

Branch of Service	From Date	To Date	Nature of Work	Type of Discharge

**EMPLOYMENT REFERENCES**

Name three persons, not related, who may be contacted and can certify to the quality and quantity of your employment experience as reported previously.

School/Company	Individual=s Name	Title/Position	Address	Telephone

Employment is contingent upon a satisfactory criminal records check through the Ohio Bureau of Criminal Identification and Investigation as specified in O.R.C. 3319.39 and 109.572.

**NOTE:** Applicant should exercise care in completing this form. Information given herein becomes a legal part of the contract in case of employment. Do not omit any item unless it is stated to be omitted. Copies of certificate, transcript and Praxis scores should be included with application.

**- FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE -**

Application Received \_\_\_\_\_ Credentials sent \_\_\_\_\_

References sent for \_\_\_\_\_ Credentials received \_\_\_\_\_

References received \_\_\_\_\_ Transcript(s) received \_\_\_\_\_

Date of Interview \_\_\_\_\_ By Whom? \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed \_\_\_\_\_ Position \_\_\_\_\_

Contract \_\_\_\_\_ Salary \_\_\_\_\_

Authorized Years \_\_\_\_\_ Total Years \_\_\_\_\_

**9301 Buck Road, Perrysburg, OH 43551  
Telephone 419.666.1120 Fax 419.666.6049  
www.pentacareercenter.org**

The Penta Career Center hereby gives notice that it does not discriminate on the basis of race, color, national origin, ancestry, sex, religion, age, disability/handicap, citizenship status, or veteran status in its educational programs, activities, employment policies, or admission policies and practices, as required by law. Penta Career Center has a Section 504, Title VI, and Title IX Coordinator.



9301 Buck Road, Perrysburg, OH 43551  
PH 419.666.1120 FX 419.661.6049  
www.PentaCareerCenter.org

### **Pre-Employment Requirements**

I have been advised and understand that:

1. The background information supplied by an applicant for a position will be checked by the Penta Board of Education to assure the accuracy of the data furnished and the past performance record of the candidate.
2. I authorize the Penta Board of Education to make such investigations and inquiries of my personal, employment and related matters as may be necessary in arriving at its employment decision. I hereby release current and past employers, schools or persons from liability in responding to inquiries in connection with my application for employment.
3. I understand that as a precondition to employment in the position for which I am applying I must provide a set of fingerprints and satisfactorily pass a criminal record check if I come under final consideration for employment. (A certified copy of a FBI and BCI&I background check performed within the last year will also be acceptable.) I will pay any costs associated with the fingerprinting and criminal records check requirement with cashier's check or money order.
4. I understand that any offer of employment is conditional upon the Penta Board of Education receiving a satisfactory record check from the Ohio Bureau of Criminal Identification and Investigation and from the Federal Bureau of Identification and Investigation. I understand if the criminal record check is not satisfactory, that the Penta Board of Education is by law not permitted to employ me and must release me from any conditional contracts of employment.
5. I certify that all the information I have provided to the Penta Board of Education is complete and accurate and is submitted with the intent that the Penta Board of Education will rely on this information in making its employment decisions.

I understand that should the employer discover that I have falsified any information, I will not be hired, or if already hired, will be subject to termination from employment.

---

Applicant's Signature

---

Social Security Number

---

Print Full Name

---

Date