



OHIO HI-POINT  
CAREER CENTER

APPLICATION FOR  
LICENSED

POSITION

*Engaging minds. Changing futures.™*

Position Applying for: \_\_\_\_\_

Every item on this application is important; please fill in all blanks. This application will be kept active for one year. An active applicant is not automatically notified of open positions. A resume and letter of interest is required for each posted position. Postings are updated at [www.ohiohipoint.com](http://www.ohiohipoint.com).

1. Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)

2. Telephone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

3. Email \_\_\_\_\_

4. Permanent Address \_\_\_\_\_

5. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Type(s) of Ohio Certificate/License Held (Please list all)	Grade Level	Subject(s)	Issue Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Have you ever been issued a continuing contract in Ohio? \_\_\_\_\_  
If so, which district? \_\_\_\_\_  
Year initially awarded continuing contract status? \_\_\_\_\_

8. Position desired \_\_\_\_\_

9. Current salary/hourly rate \_\_\_\_\_ Expected salary/hourly rate \_\_\_\_\_

**Ohio Hi-Point Career Center**  
2280 State Route 540  
Bellefontaine OH 43311  
Phone (937) 599-3010  
Fax (937) 599-2318  
Web Site: [www.ohiohipoint.com](http://www.ohiohipoint.com)

AN EQUAL OPPORTUNITY EMPLOYER

Ohio Hi-Point Joint Vocational School District complies with Title II, Title VI, and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, American with Disabilities Act and the Age Discrimination in Federal Assisted Program Act, in its policies and practices of non-discrimination and harassment against students and employees on the basis of religion, race, color, national origin, sex, disability, military status, ancestry, or age. Direct inquires or complaints regarding discrimination or denial of equal access to the attention of the Superintendent.

### Educational and Professional Training

**Please list in chronological order all educational institutions attended. The information on all items should be complete and accurate as it is used as the basis for determining salary.**

	Name and Location of Institution	Total Semester Hours*	Degree / GPA	Major	Minor
Undergraduate Work					
Graduate Work					

\*One quarter hour equals two-thirds of a semester hour

**Please attach/send a copy of your educator's certificate/license, transcripts, resume, and all credentials/letters of reference.**

### Educational Work Experience

**Begin with most recent, include student teaching if it occurred within the last five years.**

School year in which service was rendered	School/District:		
July 1, _____ to June 30, _____	Mailing Address:		
Position/Grade(s):			
Supervisor's Name:			Title:
Telephone: ( )	Reason for Leaving:		
School year in which service was rendered	School/District:		
July 1, _____ to June 30, _____	Mailing Address:		
Position/Grade(s):			
Supervisor's Name:			Title:
Telephone: ( )	Reason for Leaving:		
School year in which service was rendered	School/District:		
July 1, _____ to June 30, _____	Mailing Address:		
Position/Grade(s):			
Supervisor's Name:			Title:
Telephone: ( )	Reason for Leaving:		
School year in which service was rendered	School/District:		
July 1, _____ to June 30, _____	Mailing Address:		
Position/Grade(s):			
Supervisor's Name:			Title:
Telephone: ( )	Reason for Leaving:		

### Other Employment

Employer:			Employer Phone:
Street Address:			City/State/Zip Code:
Job Title:	Date Employed From:	Date Employed To:	Salary/Hourly Rate:
Job Duties:			Supervisor's Name:
Employer:			Employer Phone:
Street Address:			City/State/Zip Code:
Job Title:	Date Employed From:	Date Employed To:	Salary/Hourly Rate:
Job Duties:			Supervisor's Name:
Employer:			Employer Phone:
Street Address:			City/State/Zip Code:
Job Title:	Date Employed From:	Date Employed To:	Salary/Hourly Rate:
Job Duties:			Supervisor's Name:
Employer:			Employer Phone:
Street Address:			City/State/Zip Code:
Job Title:	Date Employed From:	Date Employed To:	Salary/Hourly Rate:
Job Duties:			Supervisor's Name:

### Military Service Record

Branch of Service	Specialty	Special Training	Dates of Service

### References

List three professional references who have direct knowledge of your character, work experience, and abilities. At least one should be a previous supervisor.

Name/Title	Mailing Address	Telephone

Why do you want to be an employee of Ohio Hi-Point Career Center?

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What qualities do you possess that make you an outstanding candidate for a position at Ohio Hi-Point Career Center?

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A "yes" response to any of the following four questions is not an automatic bar to employment. Ohio Hi-Point JVSD "OHP" will consider the circumstances including the time frame and nature of events, which led to the actions described below, and the type of position for which you are applying. If you answer "yes" to any of the questions below, please explain in detail, including the date, location, nature of the offense/circumstances, and final disposition of the matter. Your written explanation will assist OHP in determining your eligibility for employment. Should the district employ you, any new criminal charges must be reported immediately to the Superintendent's Office.

- 1. Have you been convicted of a misdemeanor within the last 5 years?\*  Yes  No
- 2. Have you ever been convicted of a felony?\*"  Yes  No
- 3. Have you ever been denied a teaching or administrative certificate/ license or had such a certificate/license revoked or suspended?  Yes  No
- 4. Have you ever been involuntarily released or asked to resign from any position?  Yes  No

\*You are not required to disclose a prior conviction, which was set aside and for which you have officially been discharged under the terms of a suspended imposition of sentence (SIS). It is your responsibility to determine whether a conviction has been discharged and thus not subject to disclosure.

**ALL APPLICANTS must complete the following:**

- 1. **BCI and FBI** criminal records results less than one-year old must be submitted prior to initial employment and as required thereafter.
- 2. Negative result on a **TB test** completed within 90 days of employment (for selected positions).
- 3. **Ohio Department of Public Safety, Division of Homeland Security, Public Employee Form** completed and signed prior to initial employment.

**CERTIFICATE OF APPLICANT**

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and belief, and I have not knowingly withheld any fact or circumstance. I understand any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application or my removal from employment. I authorize OHP to make an inquiry as to my character, general reputation, personal characteristics, previous employers, education background, current and previous residence locations for the past 5 years, military services, and conviction records. I authorize OHP to release a copy of my application, and I authorize any former or current employer, person, firm, corporation, school, college, or governmental agency to give OHP pertinent information they may have regarding me. This authorization shall remain in effect during the course of my employment with OHP for the purpose of verifying any information contained in my employment application. In consideration of OHP's review of this application, I release OHP and all providers of information from any liability as a result of furnishing, receiving, and relying on this information. I understand employment with OHP requires the approval of the Superintendent, and that employment offers are made only by the Superintendent and must be ratified by the School Board.

I acknowledge and understand that any offer of employment at OHP that may occur will be conditional upon the criminal record check required by RC 3319.39.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant