



EMPLOYMENT APPLICATION

WARREN COUNTY CAREER CENTER
3525 N. ST. R.T. 48
LEBANON, OHIO 45036-1099
www.mywccc.org
(513) 932-5677
FAX (513) 932-0775

Name: _____ Social Security#: _____
Street Address: _____ City _____
State: _____ Zip Code: _____ Phone () _____
Cell Phone () _____
Permanent Address (if different): _____
E-mail Address _____

Signature of Applicant

Date

POSITION DESIRED:

- | | |
|--|---|
| <input type="checkbox"/> Administration | Area: _____ |
| <input type="checkbox"/> Treasurer's Office | Area: _____ |
| <input type="checkbox"/> Guidance Counselor | |
| <input type="checkbox"/> Vocational Teacher | Area: _____ |
| <input type="checkbox"/> Academic Teacher | Area: _____ |
| <input type="checkbox"/> Librarian | |
| <input type="checkbox"/> Cafeteria | Manager, Cook, Cashier |
| <input type="checkbox"/> Office | Secretary, Clerical/Typist, Receptionist |
| <input type="checkbox"/> Custodial | Manger of Bldg/Grounds, Custodial/Maintenance |
| <input type="checkbox"/> Other: | Specify: _____ |
| <input type="checkbox"/> Adult Education Teacher | Area: _____ |
| | Full Time Adjunct |
| <input type="checkbox"/> Substitute Teacher | Vocational Academic |

Equal Opportunity: The Warren County Career Center has dedicated itself to providing employment and educational opportunities to all people regardless of race, color, national origin, religion, sex or handicap or any other legally protected status.

CERTIFICATION: STATUS: *(Please provide a copy of Certificate/License)*

A. Are you currently certified in Ohio? _____ License type _____

B. When does your current certificate/license expire? _____(year)

C. If not currently certified, when will you become certified? _____(year)

D. Do you currently possess certification in another state?

State: _____ Subjects(s): _____

TEACHING EXPERIENCE:

Name of School	School District	State	Position held/grade taught/or subject area	Dates	Total Years	Full Time	Part Time

REFERENCES: Please give the names and addresses of at least three (3) people who are familiar with your work and/or professional qualifications. If you have had previous teaching experience, please include the names of superintendent/supervisor(s). Additional references may be required throughout the selection process

Name of Reference	Address	Telephone	Official Position & Title

EDUCATIONAL RECORD:

School	Year Completed	School Name and Location	Total Quarter / Semester Hours	GPA Overall	Cert/Diploma/ or Degree
High	1 2 3 4				
Voc. Ed.	1 2 3				
Technical	1 2 3				
College	1 2 3 4 5				

NON-EDUCATIONAL EMPLOYMENT EXPERIENCE: (Please list from most recent to past)

Dates Employed		Name/Address/Telephone	Office Title of	Name of your Supervisor
From	To	of Employer	Your Job	

PERSONAL DATA:

1. Have you been on active duty in the Armed Services of the United States? _____yes _____no
If yes please fill in the following:

_____ Inclusive Dates _____ Occupational Specialist _____ Type of Discharge
Branch of Service

2. Are you currently under a contract? _____ with whom? _____

3. What is your present salary? _____ expected salary? _____

4. Have you ever been convicted of a felony and/or misdemeanor? _____yes _____no
If yes, please explain: _____

Please feel free to attach any further descriptions of professional qualifications, accomplishments, community activities, honors received, etc.

