



*Knowledge. Strength. Values.*

### ***Employment Application***

***I UNDERSTAND THAT I CANNOT BEGIN AND RECEIVE COMPENSATION UNTIL MY LICENSE, BCI & FBI, AND EMPLOYEE PACKET MATERIALS ARE RECEIVED AND ACCEPTED BY HUMAN RESOURCES.***

**Applicant Name** \_\_\_\_\_

**Present Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

*I will be moving soon* \_\_\_ *Yes* \_\_\_ *No* *If yes, my new address will be:*

**New Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**SKILLS & CREDENTIALS:**

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**Position Requested:** 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_

**EDUCATION AND TRAINING:**

INSTITUTION	STATE	DEGREE	GRADUATION	GPA	MAJOR/MINOR
High School				NA	NA
College					
College					
College					

**CREDENTIALS AND DESIGNATIONS:** Please list any degrees, honors, awards that you have received and attach a resume if you have one.

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**WORK EXPERIENCE:**

EMPLOYER	ADDRESS	DATES	POSITION	SUPV NAME	PHONE NUMBER	SALARY

Military Service: Yes \_\_\_ No \_\_\_ Branch \_\_\_\_\_ Rank \_\_\_\_\_ Years \_\_\_\_\_

**PERSONAL REFERENCES:**

NAME	ADDRESS	RELATIONSHIP	PHONE NUMBER

**APPLICANT INFORMATION:**

Please complete this section in your own handwriting. If more room is needed, attach a separate sheet. If you wish, you may elaborate on any of the questions or information in this application.

1. How did you hear about the Performance Academies schools?
2. What job responsibilities are you looking for?
3. Why should Performance Academies hire you versus another candidate?

**PLEASE RESPOND TO ALL OF THE FOLLOWING QUESTIONS**

Have you continuously lived in the State of Ohio for the past five years? Yes \_\_\_ No \_\_\_

Have you ever been convicted of any felony or violation of O.R.C. 3319.39 [any offense of violence, theft, or drug abuse that is not a minor misdemeanor or a substantially comparable ordinance or statute under federal, state (in state/out of state), or municipal (in state/out of state) law? Yes \_\_\_ No \_\_\_ If yes, please explain:

Have suspension and/or termination proceedings under Ohio or comparable federal and state law ever been initiated against you? (The initiation of a proceeding will not necessarily disqualify applicant from employment.) Yes \_\_\_ No \_\_\_ If yes, please explain:

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I realize that I may be required to undergo a physical examination and tuberculin skin test. A reference check will be conducted which will include a criminal background check. Applicants are required to provide proof of current certification, official copies of all transcripts, and complete credentials and references, including records of prior employment. In the event of employment, I understand that false or misleading information given in my application, resume, or interviews may result in discharge. I also understand that I am to abide by all policies, rules, and regulations of the Board of Directors and administration. I understand that the Board of Directors or Education Director may wish to verify the statements I have made in this application. I hereby give my permission for Performance Academies or its authorized representative(s), either at this time or any time during my employment with the Board, to request and review any of my employment records, court records, and/or police records from any local, state, or federal agency keeping such records.

The undersigned certifies that he/she has answered the above questions knowingly and truthfully to the best of his/her ability.

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Applicant Name (Print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_