

# Brookfield Local School District

614 Bedford Road SE, Brookfield, Ohio 44403

Elementary: 330.619.5240    Middle School: 330.448.3003    High School: 330.448.3001    Central: 330.448.4930

## EMPLOYMENT APPLICATION BROOKFIELD LOCAL SCHOOL DISTRICT

Date received: \_\_\_\_\_  
 Date interviewed: \_\_\_\_\_  
 Interviewed by: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

NAME \_\_\_\_\_  
Last                      First                      Middle                      Maiden

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

### EDUCATION (Complete only the sections that apply to you.)

**High School** \_\_\_\_\_ Address \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate?    Yes     No

**College/University** \_\_\_\_\_ Address \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate?    Yes     No

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

**Undergraduate Hours:**    Qtr \_\_\_\_\_ Sem \_\_\_\_\_      **Graduate Hours:**    Qtr \_\_\_\_\_ Sem \_\_\_\_\_

**Student Teaching - School Info:** \_\_\_\_\_  
 Subject &/or Grade \_\_\_\_\_ From/To dates: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Other Education** \_\_\_\_\_ Address: \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate?    Yes     No

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

### LICENSURE/CERTIFICATION (if applicable)

TYPE	GRADE(S)	SPECIFIC AREAS	STATE	TYPE OF LICENSE	ISSUE/EXP DATE

ACTIVITIES YOU CAN SUPERVISE: \_\_\_\_\_

HAVE YOU EVER HELD A CONTINUING CONTRACT?    Yes     No     District: \_\_\_\_\_

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## PREVIOUS EMPLOYMENT

(Brookfield Local School District reserves the right to contact current &/or former employers.)

**MOST RECENT JOB FIRST:**

If you have a resume, attach to application & leave this section blank.

**Name and Address of Employer:** \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Job Title (or grade/subject taught): \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ From: (Mo)\_\_\_\_ (Yr)\_\_\_\_ To: (Mo)\_\_\_\_ (Yr)\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Name and Address of Employer:** \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Job Title (or grade/subject taught): \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ From: (Mo)\_\_\_\_ (Yr)\_\_\_\_ To: (Mo)\_\_\_\_ (Yr)\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Name and Address of Employer:** \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Job Title (or grade/subject taught): \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ From: (Mo)\_\_\_\_ (Yr)\_\_\_\_ To: (Mo)\_\_\_\_ (Yr)\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Name and Address of Employer:** \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Job Title (or grade/subject taught): \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ From: (Mo)\_\_\_\_ (Yr)\_\_\_\_ To: (Mo)\_\_\_\_ (Yr)\_\_\_\_

Reason for leaving: \_\_\_\_\_

## MILITARY SERVICE (if applicable)

Branch: \_\_\_\_\_ From: (Mo)\_\_\_\_ (Yr)\_\_\_\_ To: (Mo)\_\_\_\_ (Yr)\_\_\_\_ Rank at discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ If other than honorable, please explain: \_\_\_\_\_

## PROFESSIONAL REFERENCES

(Please list three (3) professional references, with at least one from a previous employer.)

NAME

RELATIONSHIP

ADDRESS

PHONE NUMBER

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>

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## ASSURANCES

- Are you a citizen of the United States? Yes  No
- If no, are you authorized to work in the United States? Yes  No
- Have you ever worked for Brookfield Schools? Yes  No  **If yes\*, explain below.**
- Will you consent to a physical should the position require it? Yes  No

Explanation for \*yes answers\* above: \_\_\_\_\_

## CRIMINAL RECORDS CHECK

Ohio Revised Code 3319.39 prohibits a person convicted or who has plead guilty to certain offenses outlined in the Code, to be hired for a position involving care, custody, or control of a child. I understand that to be employed at Brookfield Local School District, I must submit a certified copy of a BCI&I and an FBI background check. The FBI background check must not be older than five (5) years. All costs associated with performing these background checks are solely the responsibility of the applicant. You are further advised that you may be conditionally employed by this district pending the outcome of the BCI&I and FBI checks. Should the results of these investigations indicate that you are not eligible for the position in which you are employed, you will be released from employment. I certify that the above information is complete, true and accurate. I understand that false and misleading information in this application and/or interview is grounds for termination of employment, and that I have a continuing duty to inform the Board of Education of any information coming to my attention after the date hereof that affects my employment or employment status. I have read this information regarding the required Criminal Records Checks and agree to the provisions stipulated.

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

**Your application will remain in our active files for one year. If you wish to remain active thereafter, please reapply.**

Legal Notification: The Brookfield Local School District is an equal opportunity employer and as such, prohibits discrimination because of race, color, religion, age, handicap or disability, marital status, citizenship status, creed, national origin or sex as covered under Title I, Americans with Disabilities Act, Title VII of the Civil Rights Act of 1964, Equal Employment Opportunity Act of 1972, and Section 504 of the Rehabilitation Act of 1973.