



Application for Employment

Career & Technology Education Centers Licking County

C-Tec provides an equal employment opportunity and harassment-free work environment for all applicants and employees, and is committed to complying with all applicable federal, state, and local regulations that provide protection from discrimination, including on the basis of race, color, religion, sex, national origin, age, veteran's status, ancestry, physical and mental disability and other groups protected by law.

Please answer all questions completely and accurately as incomplete applications may be disqualified.

Name (Last, First, Middle) Daytime Phone Other Phone

Email Address Personal Website Address

Present Address (Street, City, State, Zip Code)

If you have lived at the above address for less than six months, list your previous address. List all other states in which you have lived

Are you currently legally eligible, by reason of citizenship or legal alien status, for employment in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment. Applicants must be presently authorized to work in the United States.)

Have you ever worked under a different name than currently used? Yes No If yes, provide name: _____

Are you at least 18 years of age? Yes No

Have you ever applied for employment with C-Tec? If yes, when: Yes No

Have you ever been employed by C-Tec? From _____ To _____ Yes No

Position held: _____

Are you related to anyone currently employed by C-Tec? Yes No

If yes, please tell us their name and how you are related: _____

Have you ever been convicted of a criminal offense? Yes No

If yes, indicate date[s] of conviction Type[s] of conviction Offense[s]:

A conviction does not automatically disqualify an applicant from employment. The date, nature, job-relatedness, and seriousness of the offense will be considered. However, falsification, misrepresentation, and/or omission of a criminal conviction is grounds for refusal to hire, or if hired, for dismissal. Should you incur a criminal conviction or a pending charge during employment, C-Tec may be required to suspend or terminate your employment. C-Tec requires background investigations as a condition of employment. If you have any questions or concerns regarding these matters, our preference is to discuss them prior to employment. Omission of information deemed material by C-Tec will be considered a willful misstatement and may be grounds for immediate termination of the application process, or of employment by C-Tec.

How were you referred to C-Tec?

- Printed Ad List publication: _____
- Electronic Ad Website: _____
- Recruitment Firm Recruiting Firm Name: _____
- Employee Employee's Name: _____
- Other Please specify: _____



POSITION(S) & SUBJECT(S) OF INTEREST

Position(s) or Subject(s) applying for:

First
Choice: _____

Second
Choice: _____

Third
Choice: _____

Are you currently under contract or bound by a non-compete agreement? Yes No

- If yes:
1. Date contract or non-compete agreement expires: _____
 2. Parties bound by the contract or non-compete agreement other than yourself: _____
 3. Are you able to provide C-Tec with a copy of the contract or non-compete agreement if requested: Yes No

Do you currently hold a teaching certificate or license? Yes No

*Teaching positions require a current and valid license. If hired, individuals without the required license must obtain the correct license prior to beginning employment.

Please list the type of teaching certificate or license you currently hold and those you are eligible to apply for:

- | | | | |
|----|-------|-------------------------------|---------------------------------------|
| 1. | _____ | <input type="checkbox"/> Hold | <input type="checkbox"/> Eligible for |
| 2. | _____ | <input type="checkbox"/> Hold | <input type="checkbox"/> Eligible for |
| 3. | _____ | <input type="checkbox"/> Hold | <input type="checkbox"/> Eligible for |
| 4. | _____ | <input type="checkbox"/> Hold | <input type="checkbox"/> Eligible for |

Are you interested in: Full-Time Part-Time Full or Part-Time Substitute

Date available for employment: _____

***Certification/Licensure:** Individuals accepting positions which require certification/licensure shall assume the responsibility for obtaining and renewing certificates/licenses. Certificates/Licenses must be on file with the Superintendent of Schools upon appointment to a position. Information or requirements for certification/licensure may be obtained from The Ohio Department of Education.

***Teaching School Year:** A school year constitutes a minimum of 184 days. In addition to instructional responsibilities, teachers will adhere to the school district calendar that requires participation in pre-school and in-service institutes as well as parent teacher conference days.

***Salary Schedule:** Teachers are placed on the current salary schedule in accordance with their training and experience.

***Minimum Preparation:** Academic and career-technical fields must meet the minimum preparation requirements prescribed by the Ohio Department of Education which may include a Bachelor's Degree or years of experience.

*EDUCATION

High School	Diploma or GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	College/University	College/University	Technical/Trade/Other	
Name	_____	_____	_____	
City & State	_____	_____	_____	
Phone	_____	_____	_____	
Website	_____	_____	_____	
	Level of Completion	Level of Completion	Certificate	
	<input type="checkbox"/> Some courses <input type="checkbox"/> Master's <input type="checkbox"/> Associate <input type="checkbox"/> PhD <input type="checkbox"/> Bachelor's <input type="checkbox"/> Currently attending	<input type="checkbox"/> Some courses <input type="checkbox"/> Masters <input type="checkbox"/> Associate <input type="checkbox"/> PhD <input type="checkbox"/> Bachelors <input type="checkbox"/> Currently attending	<input type="checkbox"/> Apprenticeship <input type="checkbox"/> College Credit <input type="checkbox"/> Certificate	
	Area of Study: _____	Area of Study: _____	Area of Study: _____	

EXPERIENCE *Please complete this section even if you have provided a resume.*

Most Recent Employer		Address		Phone	Email	
_____		_____		_____	_____	
Position/Title		Duties				
_____		_____				
From Mo/Yr	To Mo/Yr	May we contact this employer:	Supervisor	Reason for Separation:	Beginning Salary	Ending Salary
		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Second Most Recent Employer		Address		Phone	Email	
_____		_____		_____	_____	
Position/Title		Duties				
_____		_____				
From Mo/Yr	To Mo/Yr	May we contact this employer:	Supervisor	Reason for Separation:	Beginning Salary	Ending Salary
		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Third Most Recent Employer		Address		Phone	Email	
_____		_____		_____	_____	
Position/Title		Duties				
_____		_____				
From Mo/Yr	To Mo/Yr	May we contact this employer:	Supervisor	Reason for Separation:	Beginning Salary	Ending Salary
		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____

Please list any additional employers on a separate sheet.

Teaching Positions Only

Total experience years: _____

Total authorized experience years: _____

Number of years of all certificated/licensed educational service (authorized & non-authorized) in elementary and secondary schools, colleges, universities, and other public or non-public educational institutions (including Peace Corps). Includes active military service up to the maximum allowable 5 years.

Indicates only the number of years recognized by DOE and ORC 3317.

OPERATIONAL SKILLS

Written Communication Skills	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Oral Communication Skills	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Presentation Skills	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Customer Service Skills	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Computer Skills	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Word Processing	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Spreadsheets	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Database	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Internet/Email	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Data Entry	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average

Typing speed: WPM: _____

Second Language: Yes No

Language: _____

Speak Yes No

Write Yes No

Please list any additional skills, licenses, or specialized training that you have received: _____

Memberships, Associations, or other Affiliations: (Exclude organizations in which the name or character of the organization indicates the race, color, religion, national origin, sex, veteran status, ancestry, age, disability, marital status, or any other classification protected by federal, state, or local law.)

PROFESSIONAL REFERENCES *(Please provide three professional references C-Tec may contact regarding your work experience and history.)*

First Reference Name	Employer	Nature of association & time known
_____	_____	_____
Address	Telephone	Email Address
_____	_____	_____
Second Reference Name	Employer	Nature of association & time known
_____	_____	_____
Address	Telephone	Email Address
_____	_____	_____
Third Reference Name	Employer	Nature of association & time known
_____	_____	_____
Address	Telephone	Email Address
_____	_____	_____

Initials _____ In the event of my employment, I agree to abide by the policies and any other rules and regulations of C-Tec and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by C-Tec at any time and at the sole option of C-Tec without prior notice to me. I understand that this application will be given every consideration but its receipt does not imply that I will be employed. I understand that this employment application is not a contract for employment.

Initials _____ **CDL Driver's Only:** I understand that C-Tec may require me to undergo a drug test by medical staff and/or agent selected by C-Tec as a condition of my employment and/or continued employment. I consent to the release of my drug test results to C-Tec or their representatives. I further understand that I must successfully pass the drug test to be considered for employment with C-Tec. I understand that medical examinations may be required of me once I am employed. I further release C-Tec, including its officers, agents, representatives and employees from any and all claims, suits, causes of action, liabilities and damages associated with or arising from my submission to a drug test and/or medical examination.

Initials _____ I understand that C-Tec may require me to undergo a criminal background investigation in order to verify any criminal convictions.

Initials _____ I understand that C-Tec may obtain a consumer credit report for certain positions and for employment purposes only, concerning my credit worthiness. I further understand that C-Tec shall comply with the Fair Credit Reporting Act.

Initials _____ I understand that this application will remain open, for the job in which I have applied, for a period of 90 days from the date of my signature below.

Initials _____ I certify by my signature below that all information contained on this application is correct and complete. I further understand that if offered employment, my employment is contingent on successfully completing all aspects of the pre-employment and reference checking processes.

Applicant Signature * _____ Date _____

We sincerely appreciate the time and interest you have given in making application to C-Tec. We hope to reciprocate by giving your application prompt consideration. We will make every effort to answer any questions you may have concerning employment at C-TEC.

**Click to email signed application to: humanresources@c-tec.edu Please include resume.*



REFERENCE CHECK AUTHORIZATION

Career & Technology
Education Centers
Licking County

I hereby authorize C-TEC to conduct a job reference check with the previous employers and references listed on the employment application (excepting those employers for which on the employment application I have specifically noted otherwise). I further understand that C-TEC will be requesting specific information pertaining to current and previously held positions, job performance, and other job-related information that may assist C-TEC in making an informed hiring decision.

In consideration for such services being rendered on my behalf, I hereby RELEASE C-TEC, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against C-TEC, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS C-TEC, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

Individual Authorizing Release:

Last

First

Middle

Address:

Street Address

City

Zip Code

Telephone number:

() _____

-

Social Security Number:

-

Applicant's Signature

Date



VOLUNTARY APPLICATION TO SELF IDENTIFY

Career & Technology Education Centers Licking County

C-TEC is an Equal Opportunity Employer. As required by law, we must record certain information. Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era, or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are an employer that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Name _____ Date ____/____/____

Position Applied For _____

Please make one selection within each category:

Race or Ethnicity

- Hispanic
American Indian or Alaskan
Asian
Hawaiian or Pacific Islander
Black or African American
White

Gender

- Male
Female

Veteran

- Recently Separated Veteran
Disabled Veteran
Other Eligible Veteran

Identity Status

- Individual with Disabilities
I do not wish to Self-Identify

Signature _____ Date: _____

EEOC RACE & ETHNIC IDENTIFICATION CATEGORIES

American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.
Asian - All persons having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Native Hawaiian or Other Pacific Islander - All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
African American - All persons having origins in any of the Black racial groups of Africa.
White - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
Hispanic or Latino (All Races) - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
Hispanic or Latino (White race only) - Person of Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish origin, and of the White race.
Hispanic or Latino (All other races) - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin and of any race other than White.
Individual with Disabilities - Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disabilities is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disabilities.
Disabled Veteran - Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (I) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.
Other Eligible Veteran - Veterans who served on active duty in the Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized. Veterans who, while serving on active duty in the Armed Forces, participated in a US military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 effective January 11, 1996.
Recently Separated Veteran: Any veteran during three year period beginning on the date of such veteran's discharge or release from active duty.

Human Resource Use Only: Requisition # _____ Job Group _____

Prescribed Summary of Consumer Rights

The prescribed form for this summary is as a separate document, on paper no smaller than 8x11 inches in size, with text no less than 12-point type (8-point for the chart of federal agencies), in bold or capital letters as indicated. The form in this appendix prescribes both the content and the sequence of items in the required summary. A summary may accurately reflect changes in numerical items that change over time (e.g., dollar amounts, or phone numbers and addresses of federal agencies), and remain in compliance.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer-reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

CRAs, creditors and others not listed below: Federal Trade Commission, Consumer Response Center - FCRA, Washington, DC 20580, 1-877-382-4367

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name), Office of the Comptroller of the Currency, Compliance Management, Mail Stop 6-6, Washington, DC 20219, 800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks), Federal Reserve Board Division of Consumer & Community Affairs, Washington, DC 20551, 202-452-3693

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name), Office of Thrift Supervision, Consumer Programs, Washington, DC 20552, 800-842-6929

Federal credit unions (words "Federal Credit Union" appear in institution's name), National Credit Union Administration, 1775 Duke Street, Alexandria, VA 22314, 703-518-6360

State-chartered banks that are not members of the Federal Reserve System, Federal Deposit Insurance Corporation, Division of Compliance & Consumer Affairs, Washington, DC 20429, 800-934-FDIC

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission, Department of Transportation Office of Financial Management, Washington, DC 20590, 202-366-1306

Activities subject to the Packers and Stockyards Act, 1921, Department of Agriculture, Office of Deputy Administrator - GIPSA, Washington, DC 20250 202-720-7051