



**Coshocton City Schools**  
**1207 Cambridge Road**  
**Coshocton, OH 43812**  
Phone: 740-622-1901  
[www.coshoctonredskins.com](http://www.coshoctonredskins.com)

## APPLICATION FOR EMPLOYMENT

Coshocton City Schools is an Equal Opportunity Employer. It is our policy to seek and employ the best qualified individuals and to provide equal opportunity for the advancement of employees, including hiring, promoting and training and to administer these activities in a manner which will not discriminate against any person because of race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age (40 or older), disability or genetic information, or any other legally protected status under applicable law.

---

Position Desired

Application Date

Available for:

What date would you be available to start?

Social Security #

Full -time

Part-time

Temporary

First Name

Last Name

Middle Name

Address

City/State/Zip

E-mail Address

Best Contact Phone Number (Cell or Home)

---

Are you currently employed?

Yes

No

Have you ever been employed by Coshocton City Schools?

Yes

No

Do you have a driver's license?

Yes

No

State of Issue

Other certifications or endorsements (i.e., CDL Class B)

## References

Please provide names of individuals with whom you have worked and who know your work habits and characteristics. Please do not list personal friends or family members.

Name	Job Title
------	-----------

Employer	Address
----------	---------

Phone	E-mail
-------	--------

---

Name	Job Title
------	-----------

Employer	Address
----------	---------

Phone	E-mail
-------	--------

---

Name	Job Title
------	-----------

Employer	Address
----------	---------

Phone	E-mail
-------	--------

Have you ever been convicted of a felony?

Yes      No

If yes, please explain

## Employment History

Please complete this section even if you are attaching a resume

Starting with your current or most recent employer, please share the following:

Name of Employer

Last Supervisor

Address

Supervisor Job Title

Employer Telephone

Dates Employed

Job Duties

Reason for Leaving

May we contact this employer now?

Yes      No

If no, when?

Name of Employer

Last Supervisor

Address

Supervisor Job Title

Employer Telephone

Dates Employed

Job Duties

Reason for Leaving

May we contact this employer now?

Yes

No

If no, when?

Name of Employer

Last Supervisor

Address

Supervisor Job Title

Employer Telephone

Dates Employed

Job Duties

Reason for Leaving

May we contact this employer now?

Yes      No

If no, when?

Briefly describe your qualifications.

Skills:

Typing	MS Word	Excel	Publisher
Heavy Machinery	Office Machines	Power Point	

Other Skills:

Are you fluent in any foreign languages? If so, which one (s)?

### **Education, Licenses and Skills**

Last High School Attended (Provide name and location)

Graduated:

GED

Yes

Yes

No

No

College/University Attended

Dates Attended

Major

Type of Degree

Date Degree Completed

College/University Attended

Dates Attended

Major

Type of Degree

Date Degree Completed

Graduate Professional Attended

Dates Attended

Major

Type of Degree

Date Degree Completed

## **CERTIFIED**

First License/Certificate #

Issuing State/Agency

License Type

Issue/Expiration Dates

Second License/Certificate #

Issuing State/Agency

License Type

Issue/Expiration Dates

---

## **CLASSIFIED**

Paraprofessional License #

Expiration Date

Other (Please Specify)

Have you ever been discharged or requested to resign from a job?

If yes, please explain

Yes

No

Job-related skills and qualifications?

Describe any job-related training received in the United States Military.

**Acknowledge Statement:**

I certify that all the information given on this **Application for Employment** is true, complete and correct. I understand that any false answers, statements or representations made by me in this application shall constitute sufficient cause for discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Policy Numbers 4121 and 3121 of the Coshocton City Board of Education requires an inquiry into the background (BCI/FBI check) of each applicant the Superintendent recommends for employment.

I certify that I have read, fully understand, acknowledge and accept all terms of the Acknowledgement Statement.

---

Signature

---

Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview

Yes

No

Remarks

Job Title - (Classified, Certified, Other)

Start Date

Board Action Date

By: Name and Title

Date

NOTES: