

# Highlands Community Learning Center

5120 Godown Road  
Columbus, Ohio 43220  
(614) 210-083

NOTE: The applicant should exercise care in preparing this form. Information given herein is in the nature of a representation, and if incorrect on a material fact, will constitute sufficient cause for cancellation of the contract in case of election. Don not omit any item unless it is stated to be omitted.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Permanent Address (if different) \_\_\_\_\_

Why are you interest in this position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Academic Experience: High school, College, Universities attended and location

List highest degree first

School	Degree	Year	Major	Minor

## Educational Employment Experience: (To be omitted by non-instructional applicants)

Dates Employed MM/YY to MM/YY		Name of School	City /State	Subjects Taught

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

**Certification/Licensure Status**

Are you currently certified or licensed in Ohio for the position applied for?  Yes  No

Certificate/License Number \_\_\_\_\_ Grades \_\_\_\_\_ Type \_\_\_\_\_

**Non Educational Employment Experience:**

Dates Employed MM/YY to MM/YY		Name of Employer	Address	Your Job Title

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

**Military Service Record:**

Were you in the U.S Armed Forces?  Yes  No

If Yes, Branch of Service \_\_\_\_\_

Period of Active Duty (Month & Year) From \_\_\_\_\_ to \_\_\_\_\_

Total Years Active Duty \_\_\_\_\_

**Other Work Experience and Achievement Valuable to Your Career:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Membership in Professional Organization, Civic and Community Affiliations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list below the names and address of four persons who can speak of your professional competency and character.

Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Acquaintance \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Acquaintance \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Acquaintance \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Acquaintance \_\_\_\_\_ Phone \_\_\_\_\_

Do we have permission to contact the above named persons?  Yes  No

Are you currently under contract?  Yes  No

With whom? \_\_\_\_\_

What is your present salary? \_\_\_\_\_ Expected Salary? \_\_\_\_\_

When could you begin work? \_\_\_\_\_

***Ohio laws require school districts to conduct criminal background checks on all applicants and disqualifies individuals with certain criminal backgrounds from employment in certain positions in schools. Any offer of employment is contingent on the satisfactory results of a criminal background check.***

**Please Read Carefully**

I certify that the information in this application is true and accurate to the best of my knowledge and belief.

I hereby authorize Highlands Community Learning Center or its agents to conduct such investigations and to obtain such records (including criminal and credit records) as HCLC deems necessary. I understand that giving false or misleading information, either oral or written, may result in denial or termination of my employment.

I understand that HCLC observes a standard of strict confidentiality with regard to information submitted by applicants.

However, I understand that Ohio public records laws may mandate disclosure of applicant information by HCLC conducting the search

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date