

**Tri-Rivers Joint Vocational School District**  
 2222 Marion-Mt. Gilead Road  
 Marion, Ohio 43302-8913

**CLASSIFIED**

PLEASE FILL OUT COMPLETELY IN INK				FOR OFFICE USE ONLY			
TODAY'S DATE	PHONE NUMBER (    )			cert	_____	trans	_____
	CELL PHONE NUMBER (    )			resume	_____	rc	_____
				ds	_____	cr hrs	_____
				I-9	_____	W-4	_____
				dl	_____	ss	_____
LAST NAME			FIRST		MIDDLE INITIAL		
STREET ADDRESS			CITY		STATE		ZIP CODE
POSITION DESIRED						RATE OF PAY EXPECTED	
<p><b>NOTE:</b> If hired, federal law requires that you furnish documentation proving your identity and eligibility to work in the United States.</p> <p>ARE YOU A CITIZEN OF THE UNITED STATES?    <input type="checkbox"/> YES    <input type="checkbox"/> NO    IF NO, DO YOU HAVE AUTHORIZATION TO WORK IN THE UNITED STATES?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>HAVE YOU EVER BEEN CONVICTED OF A FELONY, AND/OR A MISDEMEANOR IF OF A SEXUAL NATURE AND/OR MORAL TURPITUDE?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>IF YES, LIST DATES:</p>							
EDUCATION							
TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES		DID YOU GRADUATE COMPLETE THE PROGRAM?	COURSE OF STUDY/DEGREE		
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO			
TECHNICAL OR OTHER		FROM :	TO: :	<input type="checkbox"/> YES <input type="checkbox"/> NO			
COLLEGE OR UNIVERSITY		FROM :	TO: :	<input type="checkbox"/> YES <input type="checkbox"/> NO			
COLLEGE OR UNIVERSITY		FROM :	TO: :	<input type="checkbox"/> YES <input type="checkbox"/> NO			
PLEASE LIST ANY RELEVANT SKILLS, ABILITIES, HOBBIES, SPECIAL TRAINING, ETC.							
WORK EXPERIENCE							
LIST BELOW PAST AND PRESENT EMPLOYMENT BEGINNING WITH YOUR MOST RECENT, INCLUDE U. S. MILITARY EXPERIENCE							
COMPANY	DATES OF EMPLOYMENT			POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING		
ADDRESS	FROM:	TO:					
PHONE (    )	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO						

**WORK EXPERIENCE (continued)**

COMPANY	DATES OF EMPLOYMENT		POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING
ADDRESS	FROM:	TO:		
PHONE ( )	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMPANY	DATES OF EMPLOYMENT		POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING
ADDRESS	FROM:	TO:		
PHONE ( )	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**PERSONAL REFERENCES**

NAME	ADDRESS	POSITION	PHONE NUMBER
			( )
			( )
			( )

**PLEASE READ THE FOLLOWING AND SIGN BELOW:**

I verify that the facts set forth on this application are true and complete. I understand that any false statement or omission on this application or any attachment shall be sufficient cause for dismissal from employment.

I understand that prior to employment by Tri-Rivers, I will be required to undergo and pass a drug screening test. I also understand that if I am hired, I may be required to undergo and pass a drug and/or alcohol screening test at any time during my employment.

I understand that prior to my employment, I will be required to pass a criminal records check (which requires fingerprinting).

**I agree to all these conditions and requirements.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Tri-Rivers Joint Vocational School District has dedicated itself to providing equal admission opportunities, equal educational opportunities, and equal employment opportunities to all people without regard to race, national origin, sex, religion, handicap or age. Compliance officer at Tri-Rivers is Emma Kline, Phone 740 389-4681, extension 200.*