

HILLIARD CITY SCHOOLS

SECRETARIAL CIVIL SERVICE EXAMINATION APPLICATION

APPLICANTS MUST BE AT LEAST 21 YEARS OF AGE AND HOLD A HIGH SCHOOL DIPLOMA OR GED

Date of Application: _____

Referral Source: ___Advertisement ___Friend ___Walk-in ___Internet ___Other

Last Name

First Name

Middle initial

Mailing address

City

State

Zip

Primary telephone number (please mark one)

Secondary telephone number (please mark one)

___cell ___home ___work ___other

___cell ___home ___work ___other

Email address **to be used for notification of test date and time** (please print clearly)

- 1) Social Security Number: ___XXX-XX-_____ (last four digits only)
- 2) Valid Ohio driver's license? ___YES ___NO
- 3) Are you a citizen of the United States? ___YES ___NO
- 4) If NO, have you legally declared the intention of becoming a United States citizen? ___YES ___NO
- 5) Are you a veteran of the U.S. Military service? ___YES ___NO
- 6) Are any of your immediate family members employed with Hilliard City Schools? ___YES ___NO
- 7) Have you ever been employed with Hilliard City Schools? ___YES ___NO
- 8) If YES, what dates were you employed? _____

If selected for employment, I acknowledge and agree that, consistent with Ohio Revised Code Section 3319.39, the school district will conduct a criminal records check. I understand that the result of this check could legally prevent me from becoming or remaining employed by the district.

EDUCATION:

- 9) Circle highest grade completed: 9 10 11 12 Diploma ___YES ___NO
- 10) Circle highest college level completed: 1 2 3 4 5 Graduate school 1 2 3 4
- 11) List any specialized training, apprenticeship skills and/or extra-curricular/volunteer activities, certificates, licenses or permits which you currently possess.

(over)

EMPLOYMENT HISTORY (begin with most current):

1) Employer name: _____

Job title: _____ Supervisor: _____

Work performed: _____

Dates employed: FROM: _____ (month/year) TO: _____ (month/year)

Reason for ending employment: _____

2) Employer name: _____

Job title: _____ Supervisor: _____

Work performed: _____

Dates employed: FROM: _____ (month/year) TO: _____ (month/year)

Reason for ending employment: _____

3) Employer name: _____

Job title: _____ Supervisor: _____

Work performed: _____

Dates employed: FROM: _____ (month/year) TO: _____ (month/year)

Reason for ending employment: _____

4) Employer name: _____

Job title: _____ Supervisor: _____

Work performed: _____

Dates employed: FROM: _____ (month/year) TO: _____ (month/year)

Reason for ending employment: _____

REFERENCES:

Please provide name, title and telephone number of three professional references:

1) _____

2) _____

3) _____

(continued on next page)

ATTENTION MILITARY VETERANS:

If you have served in the U.S. Military service and you wish to receive credit, you must attach a copy of your discharge letter (DD214) to this application. The application and discharge letter must be returned at the same time. Military credit will only be given to an applicant passing the exam.

IMPORTANT: PLEASE READ BEFORE SIGNING!

Hilliard City Schools (HCS) is an Equal Opportunity Employer. HCS offers equal employment opportunity and equal consideration to all persons who seek employment with HCS as well as those who are already employed with HCS in another capacity. No employee or applicant will be discriminated against on the basis of race, color, ancestry, religion, creed, national origin, sex, age, veteran status, disability and/or any other characteristic protected by federal, state or local law.

As part of this application for employment, I hereby waive any confidentiality of records associated with prior employment and I hereby authorize Hilliard City Schools to investigate my references and to make and preserve such records. I further agree that the giving of any false or misleading information by me may be grounds for termination of employment immediately.

(Signature indicates statement above has been read)

Your notarized application, along with a \$20.00 check or money order for the examination fee, and DD214 form if applicable, must be mailed together in one envelope by the postmark deadline date to:

Hilliard City Schools
Human Resources - Civil Service
2140 Atlas Street
Columbus, OH 43228

AFFIDAVIT:

STATE OF OHIO, COUNTY OF: _____ (e.g. Franklin)

I, _____, being duly sworn, state that the foregoing information is true to the best of my knowledge and belief. I understand and authorize a background investigation.

Applicant (to sign in the presence of Notary Public)

Sworn before me in my presence subscribed this _____ day of _____, _____.

(date) (month) (year)

(Place stamp/seal here)

NOTARY _____

My Commission expires on _____