



List any additional information, which you believe, will assist in arriving at a true estimate of your qualifications: _____

References: Name Address Telephone

Check the workday schedule(s) under which you could be employed:

_____ Full-time (52 weeks) _____ School year (9 months) _____ Substitute

IF APPLYING FOR TRANSPORTATION, FILL OUT THIS SECTION:

List number of years experience driving: _____ Car _____ Truck _____ Bus

Check type driver's license(s) now held: _____ Operator _____ CDL _____ Bus

Auto mechanic experience? _____ Yes _____ No First aid training? _____ Yes _____ No

A. Have you ever been involved in a traffic accident? _____ Yes _____ No

B. Has your driver's license ever been revoked? _____ Yes _____ No

If you answered "yes" to A or B above, write date, explanation and details below:



In accordance with Ohio Revised Code 3319.39, Ohio Administrative Code 3301-20-03, and Board of Education policy, all applicants are subjected to criminal background checks. You are hereby notified that you may be disqualified from employment if you have pleaded guilty to or have been convicted of certain criminal offenses as provided by law. Applicants may be hired conditionally pending receipt of a background check. If the background check indicates that the applicant has one or more disqualifying offenses, the applicant will not be hired and any conditionally hired applicant will be released from employment immediately.

ALL APPLICANTS READ & SIGN

This will be my authorization to the Huber Heights City School District Board of Education to obtain any and all information regarding previous employment from any and all persons, firms, or corporations by whom I was previously employed.

This will further authorize any person, firm or corporation by whom I was previously employed to release any and all information concerning my previous employment to the Huber Heights City School District Board of Education and its representatives.

Also, I swear or affirm the facts set forth above in my application are true and complete. I understand that if employed, false statements in this application shall be considered as sufficient cause for rejection or dismissal.

Applicant's Signature _____

Date _____



HUBER HEIGHTS CITY SCHOOLS

**BACKGROUND INVESTIGATION
LIABILITY RELEASE AUTHORIZATION WAIVER**

Applicant's Name _____

The individual named above is an applicant for employment with the Huber Heights City School District. As a mandatory step in the application process, said individual is required to furnish information to determine his/her suitability for the position in question.

In connection with my application, I am authorizing the release of any and all information you may possess concerning my work habits, personal character, or conduct, inclusive of any confidential or privileged information.

I hereby release you, your organization, or other parties from any liability or damage, which may result from the release of information in this matter:

Applicant (Print Name) _____

Date of Birth _____

Telephone Number _____

Address _____

Signed _____

Date _____