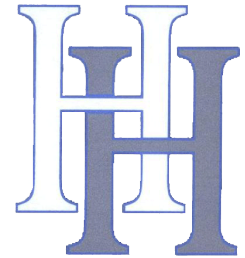


**HARRISON HILLS CITY SCHOOLS**  
730 Peppard Ave.  
Cadiz, OH 43907  
**APPLICATION FOR EMPLOYMENT**  
Supplemental/Coaching Position  
Phone: (740) 942-7800  
Fax (740) 942-7808



**I. Position Desired - check one**

A separate application must be completed for each job request.

Position applying for: \_\_\_\_\_

**II. Personal Information**

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

Name \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Present Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**III. Previous Coaching Experience**

Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Full Time: \_\_\_\_\_ or Part-Time \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_

Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Full Time: \_\_\_\_\_ or Part-Time \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_

**VI. References**

Name \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

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**V. Additional Information**

Have you ever been convicted of a crime (misdemeanor or felony?) Yes      No

If yes, give date and circumstances on an attached page.

I authorize Harrison Hills City Schools to make an investigation of my personal employment history and to conduct a criminal records check. I hereby authorize my previous employers to provide all information which they may have concerning my past employment. I release the Harrison Hills City School District Board of Education and all previous employers from any potential liability resulting from the release of information.

I have read this information carefully and certify that the information I have given is correct and complete. I understand that the falsification of any statement on this application, or in any personal interview, will constitute grounds for nonemployment/dismissal.

Signed \_\_\_\_\_ Date \_\_\_\_\_

The Harrison Hills City School system is an Equal Opportunity Employer. As such, the system is required by Federal/State legislation to provide employment opportunity for all applicants without regard to race, color, religion, national origin, sex, age, or disability.

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**VI. Criminal Background Check**

The Harrison Hills City School District has adopted a policy to maintain the integrity of our employees and insure a positive learning environment for our students. The criminal background check policy requires that, as a condition of employment, a criminal background check will be conducted on all candidates recommended for employment.

The criminal background check/web check will be initiated following the recommendation of an applicant for employment. If the criminal background check does not reveal arrests/convictions that may affect the employability of the person, then, pending Board of Education approval, the person will be considered for employment with the Harrison Hills City School District. Final decisions about employment will be made after receiving results of the criminal background check/web check and a reference check.

Copies of the criminal background check/web check will be confidential and maintained in the Superintendent's Office.

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**VII. Web Check Waiver**

I hereby certify that I have given Harrison Hills City Schools permission to obtain all criminal history information pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation.

By placing my fingerprint image on the WEBCHECK scanner, I am authorizing BCI&I to release criminal history information about me to the person(s)/agencies identified in this request for a period of one year from the date of this transaction.

I hereby release BCI&I and any and all individuals identified in this request from all liability in connection with the dissemination of such criminal history information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date