

# GALLIA-VINTON EDUCATIONAL SERVICE CENTER

## Employment Application

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

Address \_\_\_\_\_  
(Number & Street)

Phone (\_\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
(Home number) (Work number)

Social Security Number \_\_\_\_\_ Military Experience \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_  
(Branch) (Yrs.) (Mos.)

Physical handicaps that may affect my ability to perform this job: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Relationship) (Phone)

**EDUCATION:**

Educational Institution	Location (City and State)	Dates Attended	Degree	Date of Graduation
High School				
College				
Graduate School				

**EXPERIENCE:**

Firm/School Name	Complete Address	From	To	Position Held

CERTIFICATION INFORMATION Type \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Subject Areas \_\_\_\_\_ Effective Date \_\_\_\_\_

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**Employment Application**

REFERENCES: List four individuals having personal knowledge of your ability, experience, and personal character.

Include the name, address, and telephone number of your last employer.

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Name/Title	Address	Telephone Number

College credentials (placement folder) may be secured from: (Name and address) \_\_\_\_\_

I certify that all the statements made by me in this application are true, complete and correct to the best of my knowledge and that I am aware that any false statements will be sufficient cause for rejection or dismissal.

I further authorize the Gallia-Vinton Educational Service Center to contact the above listed reference sources. I understand that the Educational Service Center may want to verify the statements I have made in this application. It is the policy (GBA) of the Gallia-Vinton Educational Service Center to provide equal opportunity for employment, retention, and advancement regardless of race, color, national origin, citizenship status, religion, gender, economic status, age, or disability.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**GALLIA-VINTON EDUCATIONAL SERVICE CENTER**  
**DR. DENISE SHOCKLEY, SUPERINTENDENT**  
**P.O. BOX 178**  
**RIO GRANDE, OH 45674-0178**  
**(740) 245-0593**  
**FAX: (740) 245-0596**