ANN JERKINS-HARRIS ACADEMY OF EXCELLENCE EMPLOYMENT APPLICATION 2024-2025

TEACHING AND NON-INSTRUCTIONAL STAFF



 ***NOTICE OF NON-DISCRIMINATION***

***THE ANN JERKINS-HARRIS* *ACADEMY OF EXCELLENCE***

 **DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, SEXUAL IDENTITY, DISABILITY, OR AGE ON ITS STAFF RECRUITMENT, EDUCATIONAL PROGRAMS AND/OR ACTIVITIES.**

**ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.**

THE FOLLOWING PERSON HAS BEEN DESIGNATED TO HANDLE INQUIRIES REGARDING

NON-DISCRIMINATION POLICIES:

Dr. Israel I. Koppisch

DEPUTY SUPERINTENDENT: HUMAN RESOURCES, SPED Program, Compliance and Title IX

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HUMAN RESOURCES DEPARTMENT

**REQUIRED DOCUMENTS TO BE PRESENTED WITH EMPLOYMENT APPLICATION**

NO CONTRACTS WILL BE ISSUED WITHOUT THIS DOCUMENTS BEING SUBMITTED BY THE CANDIDATE

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| **DOCUMENTS THAT ESTABLISH IDENTITY AND/OR****EMPLOYMENT AUTHORIZATION** |
|  | UPDATED RESUME |
|  | U.S. PASSPORT or U.S. PASSPORT CARD ORORIGINAL OR CERTIFIED COPY OF BIRTH CERTIFICATE OR U.S. MILITARY CARD |
|  | DRIVER’S LICENSE |
|  | COPY OF SOCIAL SECURITY CARD |
|  | BACKGROUND CHECK (BCI) |
|  | FBI BACKGROUND CHECK |
|  | COMPLETED EMPLOYMENT APPLICATION |
|  | COMPLETED W-2 FORM |
|  | COMPLETED PAYROLL FORMS (Direct Deposit) |
|  | COPY OF VOIDED PERSONAL CHECK ACCOUNT (for Direct Deposit purposes) |
|  | Ohio State Anti-Fraud Statement |
|  | STRS/SERS Documentation |
|  | COPY OF COLLEGE TRANSCRIPTS |
|  | COPY OF TEACHING CERTIFICATION:* TEACHER CERTIFICATE – Teaching Level:\_\_\_
* LONG-TERM SUBSTITUTE
* SHORT- TERM SUBSTITUTE
* TEACHER AIDE
* PARAPROFESSIONAL
* STUDENT MENTOR
* OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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 **Employment Application – School Year 2024-2025**

**Position Applied for: ( ) Instructional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) Non-Instructional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please fill in the application form in all its parts.**

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| **Name of Applicant:** | **Address (street, city, State, Zip)** | **Date of Application:** |
| **Personal Contact** **House Telephone Number:** | **Personal Contact** **Cell Telephone Number:** | **Personal Contact** **Email Address:** |
| **Date of Birth:** | **Place of Birth:** | **Social Security Number:** **XXX-XX-\_ \_ \_ \_** |

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| **Educational Background:** | **Undergraduate Studies:****College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Degree: ( ) BA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Year of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Graduate Studies:****College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Degree: ( ) MA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **( ) PhD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Year of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **High School Diploma****( ) Yes ( ) No****School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Are you currently employed?****( ) Yes ( ) No** | **Actual Salary:** | **Expected Salary:** |

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| **FORMER EMPLOYMENT EXPERIENCE** |
| **From:** **To:** | **Employer:** | **Address** | **Phone** |
| **From:** **To:** | **Employer:** | **Address** | **Phone** |
| **From:**  **To:** | **Employer:** | **Address** | **Phone** |
| **From:** **To:** | **Employer:** | **Address** | **Phone** |

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| **PROFESSIONAL CERTIFICATION(S)** |
| **Date Issued:**  | **Issuing Agency:** | **Valid From: To:** |
| **Certification Issued:** |
| **Date Issued:**  | **Issuing Agency:** | **Valid From: To:** |
| **Certification Issued:**  |

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| **REFERENCES** |
| **Name** | **Address****E-mail Address:** | **Phone Number** |
| **Name** | **Address****E-mail Address:** | **Phone Number** |
| **Name** | **Address****E-mail Address:** | **Phone Number** |

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Applicant’s Signature Date of Application**

**FOR AJHAE HUMAN RESOURCES USE ONLY**

**( ) All documents requested submitted ( ) RESUME submitted**

**( ) Schedule for Interview : Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_**

**( ) Extend Job Offer Letter: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**( ) Schedule At-Will Agreement Signature : Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_**

**( ) Schedule New Employee Induction / Orientation : Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_**