



Employer \_\_\_\_\_ Address: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Mo/Yr Mo/Yr Department: \_\_\_\_\_  
 Duties\*: \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ # of Hrs. \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

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 Reason for Leaving: \_\_\_\_\_

Have you ever been employed in any agency of HCESC? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any other skills, specialized or vocational training (i.e. computer knowledge, communication, leadership, etc.), experiences or reasons why you feel you are qualified for the position for which you are applying\*: \_\_\_\_\_

If so, please state agency name and location and dates of employment\*: \_\_\_\_\_

**REFERENCES:**

<p><b>Professional</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: (____) _____</p>	<p><b>Personal</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: (____) _____</p>
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**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize HCESE, Early Learning Programs to verify their accuracy and to obtain reference information on my work performance. I hereby release the HCESE, Early Learning Programs from any/all liability of whatever kind and nature, which, at any time, could result from obtaining and having an employment decision based on such information. I also understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I hereby acknowledge notification that any applicant who later comes under final consideration for appointment or employment by the HCESE, Early Learning Programs shall be required to provide a set of fingerprint impressions of his/her fingerprints, as required by Ohio Revised Code, before appointment or employment by the Policy Council/Committee can be finalized. Any applicant who fails to provide the information and/or fingerprint impressions necessary for a criminal record check, or who has been convicted of any of the crimes listed in 3319.311 of the Ohio Revised Code, or whose criminal records check is not satisfactory to the Early Learning Program Executive Director or designee, shall not be employed by the Policy Council/Committee. If such information is found after an offer to employee or after employment had commenced, I understand that the offer and/or my employment will be terminated.

In consideration of potential or actual future employment, I, the undersigned, hereby grant to the HCESE, Early Learning Programs permission to check, search or copy the records of any local, state or federal law enforcement or police agency regarding traffic and/or criminal law violations if any. I fully and completely release the HCESE, Early Learning Programs and its affiliates or any agency from any liability whatsoever and waive any claims I may have, whether known or unknown, regarding the release of information or records.

I understand that should an employment offer be extended to me and accepted, that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. No promises regarding employment have been made to me and I understand that any offer of employment is contingent upon approval by the Policy Council/Committee.

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

Date \_\_\_\_\_