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 OR  ORIGINAL 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.**

|  |  |  |
| --- | --- | --- |
| **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-\_ \_ \_ \_** |

|  |  |  |
| --- | --- | --- |
| **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:** |

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

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

|  |  |  |
| --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_**