

UPPER ARLINGTON SCHOOL-AGE CHILD CARE PROGRAM  
4770 Burbank Drive  
Upper Arlington, Ohio 43220  
614-487-5133  
EMPLOYMENT APPLICATION

The Upper Arlington School-Age Child Care Program is an Equal Opportunity Employer in All Areas of Employment and Promotion.

A. PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle Initial (not required)

Address in Columbus:

\_\_\_\_\_ Home Phone \_\_\_\_\_  
Number Street Zip Code  
Cell Phone \_\_\_\_\_

Permanent Address:

\_\_\_\_\_ Telephone# \_\_\_\_\_  
Number Street  
City State Zip Code E-mail: \_\_\_\_\_

What are your reasons for seeking this position with the School-Age Child Care Program?

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Have you ever been convicted by any judicial body of, or are you currently charged with, any violation of law (other than a traffic violation for which the sole penalty imposed after conviction was, or the maximum penalty to which you are subject for a charge that is now pending against you could be, a fine, suspended or unsuspended, of \$100 or less and/or costs)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach an explanation. (An affirmative answer will not necessarily disqualify you from employment. Rather all pertinent information will be considered on a case-by-case basis to determine whether Ohio law precludes employment or the nature and time of offense, or alleged offense, is otherwise manifestly inconsistent with the duties of the position sought.)

B. EDUCATIONAL BACKGROUND

Provide information for graduating high school and all colleges/universities attended.

School or University	State	Major/Minor	Degree	GPA

Educational Distinctions and Honors:

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C. WORK EXPERIENCE

Dates	Employer/Type of Work	Address	Phone Number

D. REFERENCES

Attach the names and phone numbers, or written references of three persons who are best qualified to give an objective appraisal of how you will perform in the position you seek.

PLEASE READ THE FOLLOWING STATEMENT AND SIGN:

I understand the falsification of any information furnished on the application is grounds for the rejection of this application or dismissal after my employment (if hired). I certify that all such information is true and complete to the best of my knowledge, and I hereby authorize the Upper Arlington City Schools to investigate the same.

I understand that, if I am under final consideration for a position any such investigation will include, but not be limited to, an inquiry to the Ohio Bureau of Criminal Identification and Investigation and perhaps to other law enforcement agencies as required by O.R.C. 109.57. I agree to be fingerprinted and to complete and sign all forms required for any such inquiry, and I acknowledge and agree that my failure to cooperate shall cause the rejection of my application. Finally, I also acknowledge and agree that if I am employed conditionally by the Upper Arlington City Schools pending receipt of a response to the above-described inquiry to the Ohio Bureau of Criminal Identification and Investigation, I shall immediately be discharged from that employment if such response discloses that I have been convicted of (or pleaded guilty to) any offense listed in Ohio Revised Code 3319.311.

Signature \_\_\_\_\_

Date \_\_\_\_\_