



# PRE- EMPLOYMENT CHECKLIST

Legal Employee Name: Last Hood First DeQuan Middle Initial A

Previous Name: \_\_\_\_\_

Social Security Number: [REDACTED]

Job Title: Director, Building + Grounds

School/Location: \_\_\_\_\_

Previously employed by CCS? yes X no. If yes, when \_\_\_\_\_

Most Frequently Used Email Address [REDACTED]

New Hire X Rehire \_\_\_\_\_  
 Retire/Rehire \_\_\_\_\_  
 Employee ID# 185587  
 Sex M Race B  
 DOB 10/13/1977  
 Board Date 10/6/15  
 Effective Date 10/12/15  
 FTE % \_\_\_\_\_  
 Starting Salary \$ 103,000  
 Grade/Step \_\_\_\_\_  
 Position # 211094901  
 Incumbent Brian Fox  
 Orientation Date \_\_\_\_\_  
 New Hire Letter Sent \_\_\_\_\_

**ALL NEW EMPLOYEES** TeacherMatch \_\_\_\_\_ Paper Application ✓

Initial: JS  
JS Employment Eligibility (Form I-9) emailed \_\_\_\_\_ completed 9/22/15  
JS Ohio Ethics Commission Acknowledgment \_\_\_\_\_  
JS Fingerprint Acknowledgement Form \_\_\_\_\_  
JS FBI completed 9/18/15 BCI completed 9/18/15 FBI results received 9/18/15 BCI results received 9/18/15  
JS TB Evaluation Form/TB Skin Test Form is to be completed if you have lived outside the U.S.  
JS Acknowledgement of Receipt of Auditor of State Fraud Reporting System Information  
JS New Employee Self Service Take Home Handout for W-2, W4, IT4 and Direct Deposit  
JS SERS /STRS membership form  
JS Statement Concerning Employment in a Job Not Covered by Social Security.  
JS School District Tax Form  
JS Benefit Information Eligibility Form

**NEW INSTRUCTIONAL ASSISTANTS ONLY**  
 Initial: \_\_\_\_\_  
 \_\_\_\_\_ Certification/Licensure as required by position  
 \_\_\_\_\_ Educational Aide Permit

**NEW ADMINISTRATIVE ONLY**  
 Initial: JS  
JS References checked  
JS Application completed  
JS Offer letter provided

**NEW TEACHERS ONLY**  
 Initial: \_\_\_\_\_  
 \_\_\_\_\_ Commitment Letter  
 \_\_\_\_\_ Acknowledgment Letter  
 \_\_\_\_\_ New Teacher Orientation Form  
 \_\_\_\_\_ Prior Employment Verification (If applicable)  
 \_\_\_\_\_ Certification/Licensure as required by position  
 \_\_\_\_\_ Transcripts

**NEW SCHOOL YEAR EMPLOYEES ONLY**  
 Initial: \_\_\_\_\_  
 \_\_\_\_\_ Pay Play Option Form

**NEW SUBSTITUTE TEACHERS ONLY**  
 Initial: \_\_\_\_\_  
 \_\_\_\_\_ 35 Day Agreement Form  
 \_\_\_\_\_ Certification/Licensure as required by position  
 \_\_\_\_\_ Sub License \_\_\_\_\_ (Current) \_\_\_\_\_ (Applied )for at ODE  
 \_\_\_\_\_ Original Transcripts 1 2 \_\_\_\_\_ (circle) how many to bring  
 \_\_\_\_\_ Substitute Applicant Agreement



Office of Human Resources  
Department of Systems and Staffing  
270 East State Street  
Columbus, OH 43215  
PH: (614) 365-5651 or (614) 365-5609  
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www.columbus.k12.oh.us

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## C O L U M B U S C I T Y S C H O O L S

I, ReJuan A. Hood, have received  
(PRINT NAME)

a copy of the Ohio Ethics Commission's pamphlet titled,

"Ethics is Everybody's Business".

ReJuan A. Hood  
Signature

9/22/15  
Date

Employee ID # \_\_\_\_\_

*Human Resources Supporting Vision: Maximizing Human Capital for Student Success*

The Columbus City School District does not discriminate based upon sex, race, color, national origin, religion, age, disability, sexual orientation, gender identity/expression, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable in all district programs and activities.

REV 5/2012

**Statement Concerning Your Employment in a Job  
Not Covered by Social Security**

Employee Name DEJUAN A. HODG Employee ID# [REDACTED]

Employer Name \_\_\_\_\_ Employer ID# \_\_\_\_\_

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.**

Signature of Employee [Signature] Date 9/18/77





Office of Human Resources  
Department of Employment and Staffing  
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Fax: (614) 365-5652  
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### Tuberculosis Evaluation Form

To be completed by an applicant with conditional offer of employment: (Please print)

Name DeJana Hood

Street Address [REDACTED]

City PICKERINGTON, OH Zip 43147

Phone [REDACTED] Date of Birth 10/13/72

Have you been outside of the United States for more than a month in the past (5) five years?

YES

NO

IF "YES" PLEASE SEE \*\* BELOW

I hereby verify, to the best of my knowledge the above information is true:

Signature [Signature]

Date 9/18/15

If you answered YES to the above question, you must call for an appointment:

Columbus City Schools Health, Family & Community Services  
Address: 61 South Sixth Street, Columbus, Ohio 43215  
Telephone number: 614-365-5824

Rev-2015

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**ACKNOWLEDGMENT FOR BACKGROUND AND FBI CHECK**

The undersigned applicant acknowledges and agrees: (1) that his or her employment is conditional upon completion of the criminal records check required by Ohio Revised Code Sections 3319.39 and 3319.391 and receipt by the Board of Education of the Columbus City School District of the results of the criminal records check; and (2) that if the results of the criminal records check indicate that the applicant does not qualify for employment under Ohio Revised Code Section 3319.39(B)(1), the Board of Education shall release the applicant from employment.

I further hereby certify that I have not pled guilty to or been convicted of any crime which would prohibit my employment under Ohio Revised Code Section 3319.39(B) (1).

DeJuan A. Hood  
Applicant's Name (Please Print)

DeJuan A. Hood  
Applicant's Signature

9/12/15  
Date



# Columbus City Schools Benefits Information

Welcome to the Columbus City Schools (CCS) Employee Benefits Program!

## Who's Eligible

### Employee Eligibility

Columbus City Schools provides a benefits package for eligible employees, as shown on the chart below.

Eligible Employees	Ineligible Employees
Full-time teachers	Temporary employees
Full-time hourly teachers	Part-time hourly employees
Half-time teachers working at least 50%	Summer school employees
Full-time administrators	Substitutes
Latchkey teachers	Employees working less than 20 hours per week
Severe Learning Disability Tutors working a minimum of 15 hours per week	
Classified supervisors	
Classified employees working a minimum of 20 hours per week	

We are proud to offer a comprehensive benefits program to our employees. We offer:

⑧ **Core Benefits** (Medical, Dental, Vision, district-sponsored Supplemental Life Insurance and Flexible Spending Accounts); and

⑧ **Voluntary Benefits** (Universal Life Insurance, Short Term Disability Insurance, Critical Illness Insurance, Accident Insurance, Legal Insurance, and Pet Insurance.

☒ I am a benefits-eligible employee. I have received benefit enrollment information. I understand that I have 30 days from my date of hire to enroll and that enrollment will not begin immediately, but will begin based upon my first pay date.

☐ I am not currently benefits-eligible, but have been provided the Columbus City Schools Health Care Exchange Notice. I understand that if I have a job change and become benefits-eligible, I have 30 days from the date of the change to enroll in the CCS' benefit plans.

Name (print) DeJuan A Hood

Date 9/12/15

Signature [Signature]

Please provide a copy to employee and maintain original if Employee Personnel File



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**Acknowledgement of Receipt of Auditor of State**  
**Fraud Reporting System Information**

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging that the Columbus City School District has provided you information about the fraud reporting system as described by Section 117.103(A) of the Revised Code, that the information is attached to this acknowledgement form, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before mentioned fraud reporting system.

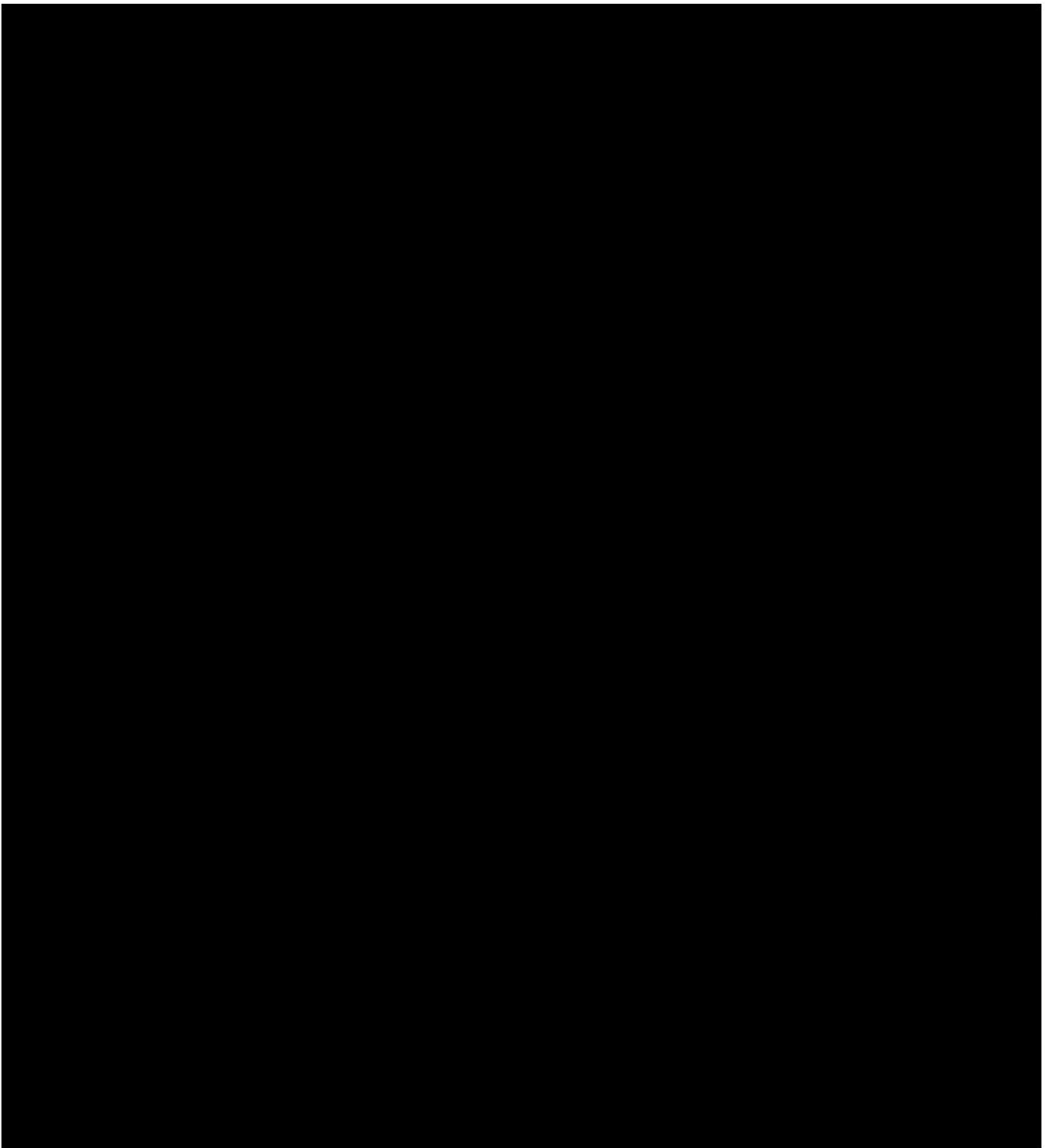
I, DeJuan A. Hood, have read the information provided by my employer regarding the fraud reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

DeJuan A. Hood DIRECTOR OF GROUND & MAINTENANCE  
PRINT NAME, TITLE AND DEPARTMENT

DeJuan A. Hood  
PLEASE SIGN NAME

9/18/15  
DATE

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**DeJuan A. Hood Sr.**

**[REDACTED] Pickerington, OH**

**[REDACTED] Cell**

**References**

✓ Allen Smith Jr  
Department Chair, Instructor, Heating and Air Conditioning  
Engineering Technology, T010  
College of Lake County  
19351 West Washington Street  
Grayslake, IL 60030  
847.561.4290  
[asmith@clcillinois.edu](mailto:asmith@clcillinois.edu)

✓ Jeremy Woods  
Senior Vice President/Group Manager Great Lakes  
Jones Lang LaSalle  
65 East State Street Suite 550  
Columbus, OH 43215  
614.364.1500  
[jeremy.woods@am.jll.com](mailto:jeremy.woods@am.jll.com)

✓ Eric Daniels  
Chiller Team Technical Lead  
Johnson Controls  
835 Green Crest Drive  
Westerville, OH 43081  
614.307.9297  
[Eric.Daniels@jci.com](mailto:Eric.Daniels@jci.com)



## EMPLOYEE REFERENCE CHECK

Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.

Employment Reference On:

S.S. Number: (ON FILE).

Employer:

DeQuan A Horro, Sr  
College of Lake County Graylake, IL

Employer's Address:

19351 West Washington St. 60030

Employer's Phone Number:

847-561-4290

Dates of Employment:

From:

To:

early 2000s

Contact:

Title:

Allen Smith Jr.

Dept Chair, Instructor, Heating & Cooling

What was your working relationship with this individual?

early 2000s

1) his mgr - owner of business

Is/Was the job classified as:

Clerical Support

Technical

Professional

Supervisory

Mid Management

Senior Management

Other

Description of individual's job duties:

Ran office scheduling, planning jobs, Payroll, HVAC

hired him after mentorship

What is/was the individual's attendance record (Number of days and/or times absent per year)?

no attendance issues

Describe this individual's relationship with supervisor(s), staff under his/her supervision, coworker(s) and/or customers.

had good sense of humor & got along with everyone  
was always positive

How would you describe this individual's overall work performance?

extremely diligent, disciplined & methodical thinker  
is very resourceful with his prior knowledge

Would you rehire this individual? If no, please explain?

☒ Yes

☐ No

Can you confirm why this individual left the company? Please explain

Discharged

Resigned

Laid Off

☒ Other

he moved onto management

Additional Information

**FOR THE OFFICE OF HUMAN RESOURCES USE ONLY**

This reference was obtained by: ☒ Phone ☐ Mail ☐ E-mail ☐ Fax

Human Resources Staff Conducting Reference Check: Dydia Carter Date: 9/8/15

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## EMPLOYEE REFERENCE CHECK

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Employment Reference On:

S.S. Number: (ON FILE).

Employer:

Employer's Address:

Employer's Phone Number:

Dates of Employment:

From:

To:

Contact:

Title:

What was your working relationship with this individual?

Is/Was the job classified as:

Clerical Support

Supervisory

Technical

Mid Management

Professional

Senior Management

Other

those

services

Description of individual's job duties:

Cardinal Health - property management group

What is/was the individual's attendance record (Number of days and/or times absent per year)?



Describe this individual's relationship with supervisor(s), staff under his/her supervision, coworker(s) and/or customers.

Fantastic, passionate - everyone <sup>(staff)</sup> was happy + respectful  
which is rare in that type of work environment. He made  
sure subordinates were knowledgeable

How would you describe this individual's overall work performance?

Excellent

Would you rehire this individual? If no, please explain?

☒ Yes

☐ No

Would love to hire him to work for Johnson Controls

Can you confirm why this individual left the company? Please explain

NO

Discharged

Resigned

Laid Off

Other

Additional Information

He is good at what he does and is an excellent professional

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## EMPLOYEE REFERENCE CHECK

Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.

Employment Reference On:

S.S. Number: (ON FILE).

DeJuan Hood, Sr.

Employer:

Employer's Address:

Employer's Phone Number:

Dates of Employment:

From:

To:

Contact:

Jeremy Woods

Title: SR V.P., Group Mgr, Great Lakes

What was your working relationship with this individual? Both assigned to Cardinal Health as contracted servicers (Opres, Long, Laballe)

Is/Was the job classified as:

Clerical Support

Technical  
Professional

Supervisory

Mid Management  
Senior Management

Other

Description of individual's job duties:

work orders for

Serviced 500 sq-ft. of buildings, responsible for major mechanicals

He was the facility manager; scheduling staff for preventative maintenance, interfaced with 3<sup>rd</sup> party contractors for repairs and annual overhauls, received and fixed work orders from Cardinal Health: nothing was too small or too large. he responded to all through web requests which were auto coded.

What is/was the individual's attendance record (Number of days and/or times absent per year)?

Can't confirm day-to-day attendance, but there were no issues. He was the Client Relations Manager (to Cardinal Health) he always came to work early and stayed late.

Describe this individual's relationship with supervisor(s), staff under his/her supervision, coworker(s) and/or customers.

Very professional, all business but very friendly and approachable with staff

How would you describe this individual's overall work performance?

Excellent, he should be a very valuable to our organization

Would you rehire this individual? If no, please explain?

☒ Yes

☐ No

Really hates to see him leave

Can you confirm why this individual left the company? Please explain

Discharged

Resigned

Laid Off

☒ Other

Looking for more challenge

Additional Information

We can't go wrong hiring him; he was in the Navy and is very schedule oriented

**FOR THE OFFICE OF HUMAN RESOURCES USE ONLY**

This reference was obtained by: ☒ Phone ☐ Mail ☐ E-mail ☐ Fax

Human Resources Staff Conducting Reference Check: Stephan Carter Date: 9/10/15 at 9:45am

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To be completed  
by HR Staff

Interview Date:

Interviewer:

Interview Code:



# COLUMBUS CITY SCHOOL DISTRICT

270 E. STATE STREET, COLUMBUS, OHIO 43215

## EMPLOYMENT APPLICATION

CCS PERSONNEL

2015 SEP 22 PM 2:52

This application may be completed and submitted online at [www.columbus.k12.oh.us/employment](http://www.columbus.k12.oh.us/employment) (preferred method).

Please type or print in black ink.

Name: Hood Last DeJuan First ANTHONY Middle

Social Security Number: [REDACTED] E-mail address: [REDACTED]

Address: [REDACTED] Street PICKERINGTON City OH State 43147 Zip Code

Telephone: ( ) Home ( ) Work Phone # Pager # Cell Phone #

Emergency contact: [REDACTED]

Circle Level when Indicated		Circle Level when Indicated	
Principal..... <input type="checkbox"/>	Level: <u>Elem, Middle, High</u>	Unified Arts Teacher..... <input type="checkbox"/>	Subject: _____
Assistant Principal..... <input type="checkbox"/>	Level: <u>Elem, Middle, High</u>		Level: <u>Elem, Middle, High</u>
Leadership Trainee..... <input type="checkbox"/>	Level: <u>Elem, Middle, High</u>	Career Center Teacher..... <input type="checkbox"/>	Subject: _____
Central Office Administrator..... <input type="checkbox"/>	Position: _____	Special Education Teacher.. <input type="checkbox"/>	Type: _____
			Level: <u>Elem, Middle, High</u>
		Guidance Counselor..... <input type="checkbox"/>	Level: <u>Elem, Middle, High</u>
Elementary Primary Teacher..... <input type="checkbox"/>		Social Worker..... <input type="checkbox"/>	
Elementary Intermediate Teacher..... <input type="checkbox"/>		Nurse..... <input type="checkbox"/>	
Middle School Teacher (6 - 8)..... <input type="checkbox"/>	Subject: _____	Tutor..... <input type="checkbox"/>	
High School Teacher (9 - 12)..... <input type="checkbox"/>	Subject: _____	Substitute Teacher..... <input type="checkbox"/>	
		Other..... <input type="checkbox"/>	Area: _____

### BACKGROUND INFORMATION Please answer the following questions:

- When are you able to start? 10 12 15  
Mo. Day Year
- Can you prove you are legally entitled to work in the United States? ☒ Yes ☐ No
- Are you currently under contract? If yes, where? ☐ Yes ☒ No
- Have you previously applied with or been employed by Columbus Public Schools? ☐ Yes ☒ No
- 4a. If yes, have you ever been negatively released from the Peer Assistance Review (PAR) Program? ☐ Yes ☒ No
- Do you possess an Ohio Teaching Certificate? ☐ Yes ☒ No
- 5a. If yes, attach a copy. If no, have you applied? ☐ Yes ☒ No
- Do you hold certification in another state? ☐ Yes ☒ No
- 6a. If yes, Where? \_\_\_\_\_ Type? \_\_\_\_\_ Subject/Grades? \_\_\_\_\_
- Have you taken all the requisite PRAXIS examination parts for teachers and/or administrators in order to obtain Ohio Certification? ☐ Yes ☒ No

If yes, attach a copy of the results. ☐ Yes ☒ No



8.. Have you ever been terminated, non-renewed, or requested to resign from a teacher or administrator position? ..... ☐ Yes ☒ No

If yes, please explain \_\_\_\_\_

9... Have you ever been convicted of, or are you currently charged with, a violation of law other than a minor traffic violation? (a criminal conviction is not an automatic bar from employment.) ..... ☐ Yes ☒ No

If yes, please explain the incident, result and/or current status \_\_\_\_\_

10. Have you ever been convicted of an offense involving the physical or sexual abuse of a child? ..... ☐ Yes ☒ No

If yes, please explain \_\_\_\_\_

11. Have you ever had a certificate or license revoked or suspended? ..... ☐ Yes ☒ No

If yes, please explain \_\_\_\_\_

Type of Ohio Teaching Certificates/Licenses (Indicate type: 4 or 8 yr. Provisional, Permanent, Temporary, Substitute, 2 or 5 Yr. License)	Date of Expiration	Subjects and Grades appearing on Certificates

NOTE: Please submit a photocopy of all valid Ohio (educational) certificates/licenses with this application, an original must be submitted upon hire. (If certificate is pending, please indicate expected date of issuance, and submit a letter from the college/university verifying completion of all academic and professional requirements.)

EDUCATIONAL BACKGROUND (Upon hire, an original transcript is required.)		DEGREE	DATE CONFERRED	MAJOR/MINOR
COLLEGE OF LAKE COUNTY College/University (Undergraduate)	GRAYSLAKE ILLINOIS City and State	ASSOCIATE'S DEGREE HVAE	2009	
NATIONAL LOUIS UNIVERSITY College/University (Graduate)	WHEELING ILLINOIS City and State	BACHELOR'S DEGREE BUSINESS MANAGEMENT	9/15/12	BUSINESS MANAGEMENT
College/University (Post-graduate)	City and State			
College/University (Post-graduate)	City and State			

**STUDENT TEACHING** (Complete if applicable for position being applied for; required for teacher applicants with less than 3 years experience.)

College Supervisor _____	Cooperating Teacher _____				
School _____	District _____	Grade/Subject _____			
Address _____	City _____	State _____	Zip Code _____	From (Mo/Yr) _____	To (Mo/Yr) _____

# PRIOR EXPERIENCE

## SCHOOL ADMINISTRATOR EXPERIENCE (List most recent experience first.)

School	District	Address, City, State	Position	From		To	
				Mo	Yr	Mo	Yr

## TEACHING EXPERIENCE (List most recent experience first.)

School	District	Address, City, State	Grades/ Subject	Extra Duties	From		To	
					Mo	Yr	Mo	Yr

## OTHER EMPLOYMENT EXPERIENCE (List most recent experience first.)

Employer	Address, City, State	Position	From		To	
			Mo	Yr	Mo	Yr
JONES LANE LASALLE	1000 CARDINAL PLACE DUBLIN, OH 43017	CHIEF ENGINEER	8	08		
JONES LANE LASALLE	MEADOWS PARK, IL	CHIEF ENGINEER	7	01	8	08
LEAD JONES LANE LASALLE TECHNICIAN	ABINGTON HEIGHTS, IL	LEAD TECHNICIAN	06	02	06	07
TRI COUNTY REFRIGERATION	WAUKEGAN, IL	SERVICE TECHNICIAN				

## PROFESSIONAL REFERENCES (List those who are qualified to evaluate your professional background, including current or most recent supervisor/principal.)

Name	Title	School, District or Organization	Address	Telephone #
ALLEN SMITH JR	DEPUTY CHIEF	COLLEGE OF LAKE COUNTY	17561 W. WASHINGTON STREET GRAYSLAKE, IL 60022	847.561-4290
JEANNE WOODS	SENIOR VICE PRINCIPAL	JONES LANE LASALLE	66 EAST STATE STREET SUITE 550 COLUMBUS, OH 43215	614.364-1700
ERIC DANIELS	CITY OF JANESVILLE	JOHNSON CONDOS	835 GREEN CROFT WILSONVILLE, OH 43081	604.387-7297



**PROFESSIONAL INVOLVEMENT**

Organization	Involvement or Positions Held
ASHRAE	ASSOCIATE MEMBER

Are you or have you been involved in any non-educational, professional, or community organizations? ..... ☒ Yes ☐ No

If yes, have you held any leadership positions? ..... ☐ Yes ☒ No

**PROFESSIONAL WRITING SAMPLE**

Attach a professional and typed document, letter or communication used in previous work or school experience.

**QUESTIONNAIRE FOR SCHOOL ADMINISTRATOR, LEADERSHIP TRAINEE, OR TEACHER APPLICANTS**

1. Describe your best success as a student teacher, teacher, or administrator, and also identify a failed attempt.


2...How would you establish a positive climate in your room/school? Name a specific behavior problem and how you handled it.


3...What instructional strategies would you initiate to bring about positive results for all students?


4...Describe the activities and methods you would use to connect with parents and increase parental involvement.


5...How would you integrate technology into your classroom/school?


**PERSONAL STATEMENT**

Provide any additional information regarding your qualifications for this position, or special services/or talents you can provide.


I understand it is my responsibility to request the registrar of each college attended to immediately forward a transcript of credits earned. I understand it is my responsibility to ensure the certification/licensure process is timely completed and submitted to the district within sixty (60) days of employment. All transcripts and certificates/licenses automatically become the property of the Board of Education. I further understand that pending a valid Ohio Certificate, if required for the position, I must show proof of successful completion of all requisite sections of the PRAXIS/NTE for Ohio Certification/licensure purposes.

I further understand that if employed, I must furnish documents to verify my identity and eligibility for employment to work in the United States in accordance with the Immigration Reform and Control Act of 1986.

My signature below authorizes representatives of the Board of Education of the Columbus City School District to conduct a background investigation and authorizes release of information, transcripts, records or other data regarding character or qualifications in connection with my application for employment. Information sought may include such information as criminal convictions, previous employers, educational institutions, references, and other appropriate sources. I hereby release the Board of Education and its authorized agents of the Columbus City School District and the reference source from all liability and claims in connection with its release or use to the full extent permitted by law.

I understand that as an applicant, if I come under final consideration for employment with the Columbus City Schools, I must in accordance with Ohio Law, both provide a set of fingerprints and satisfactorily pass a criminal records check. I recognize that this may include a check by both the Ohio Bureau of Criminal Investigation and the Federal Bureau of Investigation. Verification of residency in Ohio for the past five (5) years may be required. I further understand that if an adverse criminal records report is issued by the Bureau of Criminal Identification or the Federal Bureau of Investigation, I will not be hired, or if already, I will be subject to immediate termination of employment. My signature below acknowledges that I have read and understand the above statement, and it is my intention to comply with this legal requirement. (ORC 3319.291, 3319.39, 109.572)

I further understand that I must present medical documentation of a clear TB skin test result prior to my first day of work or I will not be authorized to work nor be compensated. I certify that I have made true, correct and complete answers and statements on this application to the best of my knowledge and without misrepresentations or omissions of any kind as they will be relied upon in considering my application for employment. I understand that any omission or false statement made by me on this application, or any supplement to it, will be sufficient grounds for failure to employ me or for my discharge, if employed. I agree that the Board of Education of the Columbus City School District will not be held liable in any respect if my employment is terminated because of false statements, answers, omissions, or misrepresentations on this application for employment or any other document.

Dy a [Signature]

SIGNATURE

9/18/15

DATE

**SEND TO:**

**HUMAN RESOURCES DEPARTMENT  
COLUMBUS CITY SCHOOL DISTRICT  
270 EAST STATE STREET  
COLUMBUS, OHIO 43215**



## **District Mission Statement**

Each student is highly educated, prepared for leadership and service,  
and empowered for success as a citizen in a global community

The Columbus Board of Education provides equal employment opportunities to all applicants and does not discriminate in its policies or practices with respect to compensation, terms or conditions of employment on the basis of race, color, sex, religion, creed, national origin, age, disabling condition, marital status, or veteran status.

**The Columbus City School District is an equal opportunity employer**



**BOARD OF EDUCATION OF THE CITY SCHOOL DISTRICT  
COLUMBUS, OHIO**

**ADMINISTRATOR EMPLOYMENT CONTRACT**

This employment contract entered into by and between the Board of Education of the City School District, Columbus, Ohio, (hereinafter referred to as the "Board") and Dejuan A. Hood, (hereinafter referred to as the "Administrator") on MAY 21, 2019. The Board hereby employs the Administrator as:

**DIR-BLDGS/GROUNDS**

The Board agrees to pay the DIR-BLDGS/GROUNDS at the rate of \$114,474 (1.0 FTE) per year, or such amount as may be reflected in any amendment to the Board's Administrator Salary Schedule for service in the above-stated position. In the event the Administrator does not serve for a full, year the above-stated salary will be prorated to reflect the period actually worked.

The Administrator's duties shall be those identified in the official job description of the above-state position. The Administrator agrees to be subject to assignment and direction by the Superintendent and other administrators senior in position to the Administrator and to perform all duties assigned to the full satisfaction of the Superintendent.


The Administrator shall work the number of days, accumulated (if applicable) vacation leave, be paid for holidays, and receive other compensation in accordance with Board action applicable to the administrative position. The official school calendar shall govern the Administrator's work schedule.

The Administrator agrees to abide by the Ohio Revised Code and all policies and regulations of the Board with regard to all matters in any way related to this employment contract.

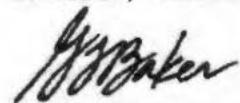
The renewal of this administrative contract or appointment is subject to the following conditions: (1) the board reserves the right to terminate any of the following contracts should it have cause to believe that an administrator participated in the improper alteration of student records; (2) the board is not waiving its right to initiate appropriate disciplinary proceedings, for any reason, during the contract period; and (3) administrators must continue to cooperate fully with government entities conducting investigations and reviews of student data.

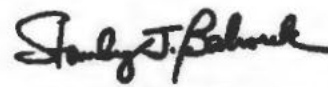
This contract shall take effect on August 1, 2019 and end on July 31, 2021.

BOARD OF EDUCATION OF THE CITY SCHOOL  
DISTRICT, COLUMBUS, OHIO

  
Signature

8/2/19  
Date

  
Gary Baker, President

  
Stanley J. Bahorek, Treasurer

DATED: 7/31/2019

PLEASE SIGN THIS COPY AND RETURN TO:  
**PAYROLL OFFICE**, BOARD OF EDUCATION  
270 E. STATE STREET, COLUMBUS, OH 43215  
RETAIN A COPY FOR YOUR RECORDS

COLUMBUS CITY SCHOOLS BOARD OF EDUCATION  
COLUMBUS, OHIO  
ADMINISTRATOR  
LIMITED CONTRACT (R.C. 3319.02)

Employee/Employee ID #: Dejuan A. Hood; 185587  
Position or Job Title: Director

This is an agreement between the Columbus City Schools Board of Education (Board) and Dejuan A. Hood (Employee). The Board employs Employee as Director for a term of 2 years, beginning August 1, 2021 and ending July 31, 2023.

THE BOARD OF EDUCATION AGREES:

1. To pay the Employee an annual salary of \$119,936. If the Administrator does not serve for a full year, the Employee's salary will be prorated to reflect the period actually worked.
2. To pick-up the total amount of employee contributions required by Ohio Revised Code Section 3307.26 (State Teachers Retirement System (STRS)) and/or 3309.27 (School Employees Retirement System (SERS)), respectively. These picked-up employee contributions will be paid by the Board as a fringe benefit in addition to the contract salary otherwise payable to the Employee. These contributions shall not be treated as additional compensation for retirement purposes. The Employee may not opt out of the picked-up contributions or elect to receive cash in lieu of the fringe benefit.
3. The Administrator, during the contractual year, shall work 260 days, be entitled to 25 paid vacation days, be paid for holidays, and receive other compensation in accordance with Board action applicable to the administrative position.
4. The Board's non-renewal of this contract shall be governed by Ohio Revised Code Section 3319.02.
5. By mutual agreement of the Board and Employee, this contract may be terminated during its term. The Board may also terminate this contract in accordance with Ohio Revised Code Section 3319.16. The board is not waiving its right to initiate appropriate disciplinary proceedings, for any reason, during the contract period.

THE EMPLOYEE AGREES:


1. To furnish and maintain throughout the term of this contract, valid and appropriate certificates/licenses to perform the duties of the position.
2. To perform such regular duties as the Superintendent may assign or direct, all of which shall be consistent with the attached Employee's job description and incorporated herein.
3. To perform all of Employee's duties for no less than 260 working days in the year set forth above as directed by the Superintendent.
4. To abide by the Ohio Revised Code and all policies and regulations of the Board with regard to all matters in any way related to this employment contract. To follow the proper chain of command when raising concerns about Columbus City Schools. To refrain from conduct unbecoming to the education profession or the Board.
5. Represents that all information supplied to the Board by him/her in connection with this employment is accurate to the best of his/her knowledge.
6. That the Employee has been notified of and accepts his/her duties and obligations under Ohio Revised Code Chapter 3307, relating to STRS and/or Ohio Revised Code Chapter 3309, relating to SERS, as a condition of this employment.

WHEREFORE, the parties have indicated their agreement to the above terms by affixing their signatures below.

  
Signature

7/30/21  
Date

  
Jennifer Adair, President

  
Stanley J. Bahorek, Treasurer

COLUMBUS CITY SCHOOLS BOARD OF EDUCATION

The offer of this contract shall be deemed withdrawn for all purposes if the Employee does not accept same by executing and returning to the Board this contract within (15) calendar days of the date first set forth above.

PLEASE SIGN THIS COPY AND RETURN TO:  
PAYROLL OFFICE, BOARD OF EDUCATION  
270 E. STATE STREET, COLUMBUS, OH 43215  
RETAIN A COPY FOR YOUR RECORDS