

# ELMWOOD LOCAL SCHOOLS

7650 Jerry City Road, Bloomdale, Ohio 44817

(419) 655-2583

## Application for Employment

Last Name	First	Middle
<hr/>		
Address	Phone	
<hr/>		
City, State, Zip	Social Security #	
<hr/>		
When will you be available to begin work? _____		
Have you ever applied for employment with us? _____ Yes _____ No If yes, when _____		
Position desired / grade level: _____		
Are you legally eligible for employment in the United States?		
_____ Yes	_____ No	Are you a U.S. citizen? _____ Yes _____ No
List the activities you could direct / coach:		
<hr/>		
List special training and skills:		
<hr/>		
Are you under contract for next year? _____ Yes _____ No		
College Credentials are available at:		
<hr/>		
		Phone _____

**NOTE: A current resume should be included with this application.**

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

The information provided in this application for employment is true, correct and complete. If employed, any mis-statement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**EDUCATION:**

<b>SCHOOLS</b>	<b>NAME AND LOCATION OF SCHOOLS</b>	<b>DATES ATTENDED</b>	<b>MAJOR/ MINOR</b>	<b>SEMESTER HOURS</b>	<b>SUBJECTS/ GRADE LEVEL ON CERTIFICATE</b>
College		From: To:			
College		From: To:			
College		From: To:			
High School					
Other					

Type (s) of certification held and expiration date (s): \_\_\_\_\_

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**QUALIFICATIONS:**

In your own handwriting, describe your assets that make you the best qualified candidate:

**PROFESSIONAL EXPERIENCES:**

<b>Dates From / To</b>	<b>School District / Employer</b>	<b>Assignment</b>	<b>Name of Supervisor</b>	<b>Address / Telephone</b>	<b>Reason for Leaving</b>

**Military Experience:**

Years \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Branch? \_\_\_\_\_

**Membership in Professional Organizations:** \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Please list below the names and addresses of four persons who can speak of your professional competency and character. Include at least two names of professional colleagues.

Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Acquaintance \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Acquaintance \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Acquaintance \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Acquaintance \_\_\_\_\_ Phone \_\_\_\_\_

Do we have permission to contact the above name individuals? \_\_\_\_\_

# ELMWOOD LOCAL SCHOOLS

Date: \_\_\_\_\_

(419) 655-2583

## *Pre-employment Requirements*

I have been advised and understand that:

1. The background information supplied by an applicant for a position will be checked by the Elmwood Board of Education to assure the accuracy of the data furnished and the past performance record of the candidate.
2. I authorize the Elmwood Board of Education to make such investigations and inquiries of my personal, employment and related matters as may be necessary in arriving at its employment decision. I hereby release current and past employers, schools or persons from liability in responding to inquiries in connection with my application for employment.
3. I understand that as a precondition to employment in the position for which I am applying I must provide a set of fingerprints and satisfactorily pass a criminal records check if I come under final consideration for employment. ( A certified copy of a BCI background check performed within the last year would also be acceptable.) **I will pay any costs associated with the fingerprinting and criminal records check requirement.**
4. I understand that any offer of employment is conditional upon the Elmwood Board of Education receiving a satisfactory record check from the Ohio Bureau of Criminal Identification and Investigation. I understand that if the criminal record check is not satisfactory, that the Elmwood Board of Education is not permitted by state law to employ me and must release me from any conditional contracts of employment.
5. I certify that all the information that I have provided to the Elmwood Board of Education is complete and accurate and is submitted with the intent that the Board of Education will rely on this information in making its employment decisions. I understand that, should the employer discover that I have falsified any such information, I will not be hired, or if already hired, will be subject to termination from employment on that ground.
6. This information is valid one year from the date of the BCI record check. Consideration after this time period will once again require the applicant to complete all pre-employment requirements.

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

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Social Security Number

## READ BEFORE COMPLETING YOUR DMA FORM

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

<http://www.homelandsecurity.ohio.gov/dma.asp>

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038). The Pre-certification form (HLS 0035) should only be completed if you are specifically instructed to do so by the agency or office requesting the form.
- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.

- Department of Public Safety Divisions:

Administration	Ohio Homeland Security*
Ohio Bureau of Motor Vehicles	Ohio Investigative Unit
Ohio Emergency Management Agency	Ohio Criminal Justice Services
Ohio Emergency Medical Services	Ohio State Highway Patrol

- \* DO NOT SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.



**PUBLIC EMPLOYMENT**

In accordance with section 2909.34 of the Ohio Revised Code

**DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION**

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY		STATE	ZIP	COUNTY
HOME PHONE ( )		WORK PHONE ( )		

**DECLARATION**

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?  Yes  No

In the event of a denial of licensure due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division Web site.

**CERTIFICATION**

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

**X**  
 \_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE