ELMWOOD LOCAL SCHOOLS

7650 Jerry City Road, Bloomdale, Ohio 44817 (419) 655-2583

Application for Employment Support Staff / Non-Teaching Position

Support Staff / Non-Teaching Position					
Last Name	First	Middle			
Address		Phone			
City State 7in					
City, State, Zip					
	1 . 10				
when will you be available to	begin work?				
Have you ever applied for emp	ployment with us? Yes	No If yes, when			
Position desired / grade level:					
Are you legally eligible for em	inployment in the United States?	Yes No			
List the activities you could di	rect / coach:				
List special training and skills:	:				
Are you under contract for nex	xt year? Yes	No			
College Credentials are availal	ble at:				
		Phone			
NOTE: A current resume sh	hould be included with this app	lication			
The Board of Education does not discrimin identity), disability, age, religion, military	nate on the basis of race, color, national origin, status, ancestry, genetic information (collective ivities, including employment opportunities.	sex (including sexual orientation and gender			
ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.					
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:

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

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

QUALIFICATIONS:

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

PROFESSIONAL EXPERIENCES:

Dates From / To	School District / Employer	Assignment	Name of Supervisor	Address / Telephone	Reason for Leaving
Military	Experience:				
	_	to	Bran	ch?	
rears	110111	10	_ Bran	CII:	
Members	hip in Profession	nal Organizations	:		
EMPLOY	MENT HISTOI	RY INQUIRIES			
Have you e	ver been suspende	d, dismissed, fired, r	onrenewed or discha	arged from a position of employ	yment?
No	Yes	If Yes, Explain:			
Have you e	ever been asked to r	resign from a positio	n of employment?		
No	Yes	If Yes, Explain:			
				or otherwise been disciplined	
No	Yes	If Yes, Explain:			
		tigation by, or do yo		nplaint pending with, the Ohio	
No	Yes	If Yes, Explain:			

REFERENCES: Please list below the names and address and character. Include at least two names are considered to the constant of the constant o	ses of four persons who can speak of your professional competency mes of professional colleagues.
Name	Address
Type of Acquaintance	Phone
Name	Address
Type of Acquaintance	
Name	Address
Type of Acquaintance	Phone
Name	Address
Type of Acquaintance	Phone
Do we have permission to contact the abo	ove name individuals?

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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. All persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification documentation upon hire.
- 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 record check if I come under final consideration for employment. (A certified copy of a BCII/FBI 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 and the Federal Bureau of Investigation. I understand that, if the result of the criminal record check is not satisfactory to the Elmwood Board of Education, the Board may choose or be required not to employ me or to release me from any conditional contract 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 application is valid one year from the date of the BCII/FBI record check. Consideration after this time period will once again require the applicant to complete all pre-employment requirements.

READ CAREFULLY

By signing this document, I specifically agree that if I am employed by the Elmwood Local School District prior to its receipt of a response from the Bureau of Criminal Identification and Investigation and the Federal Bureau of Investigation, my employment shall be contingent upon subsequent receipt by the Elmwood Local School District of a satisfactory report from BCII and FBI. I specifically agree that the action of the Elmwood Local School District employing me shall be void without any further act by either party, and that my employment will terminate immediately without the necessity of proceedings to formally terminate my contract of employment.

Applicant's Signature		
Print Full Name		
 Date	 	