



Mike McCoy, Superintendent
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South Central Ohio Educational Service Center

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Employment Application

Applicant Information

Full Name: _____ Date: _____

Address: _____

Phone: _____ Cell Phone: _____ E-mail: _____

Social Security Number: _____

Are you a citizen of the United States? ____ Yes ____ No If no, are you authorized to work in the U.S.? ____ Yes ____ No

Have you ever been convicted of a felony? ____ Yes ____ No Position Applied for: _____

If yes, explain: _____

Education

Highest Level of Education Completed: _____ High School _____ Associate _____ Bachelor _____ Master

College: _____ State: _____

Degree: _____ Date Degree Received: _____

High School: _____ Year of Completion: _____ State: _____

Other: _____

Licensure/Certification

Licensure type _____ ODE State ID Number _____ Birth Date: _____

Teaching Field: _____ Expiration Date: _____

Licensure type : _____

Teaching Field: _____ Expiration Date: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Previous Employment

Employer: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? ____ Yes ____ No

Previous Employment continued

Employer: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Have you ever taught under a continuing contract? ☐ Yes ☐ No

If yes, the school district and date a continuing contract (tenure) was granted:

School District _____ Date _____

Number of days absent from duty or classes in the past two years _____

Applicants are encouraged to submit a résumé with this application along with official copies of transcripts of all university work and copies of all valid Ohio certificates/licenses should accompany the application.

References

Please list three professional references.

Full Name: _____ Relationship: _____

Employer: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Employer: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Employer: _____ Phone: (____) _____

Address: _____

Disclaimer and Signature

READ CAREFULLY BEFORE SIGNING:

The undersigned applicant hereby expressly authorizes the South Central Ohio Educational Service Center, its agents, and its employees to make any investigation of my personal or employment history, expressly including, but not limited to, federal and/or state criminal law enforcement, or traffic records. I further authorize any former employer, person, firm, corporation, credit agency, administrative body or governmental agency to give the South Central Ohio Educational Service Center, its agents, or its employees any information they may have regarding me. I release the South Central Ohio Educational Service Center, and any and all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information. A copy of this consent and release shall be considered as a duplicate original.

All information provided by me in support of my application for employment is true and accurate to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant

Date: _____

If any of your educational or employment records are under any other name(s) other than the above name, please provide other name(s): _____

PLEASE NOTE: Applications will be kept on file for a period of one (1) year from date the application is submitted.

The South Central Ohio Educational Service Center does not discriminate on the basis of sex, religion, color, age, national origin, handicapped condition, or race in education programs and activities nor in its employment practices.

An Equal Opportunity Employer