

TRI-COUNTY SCHOOLS

APPLICATION

(Administrators, Teachers and Specialists)

741 Winkler Drive
Wooster, Ohio 44691
330-345-6771

Fax: 330-345-7622

Website: www.tricountyesc.org

Date _____

(This application will remain active for 12 months; please contact us if you wish to renew it)

1. Name _____
Last First Middle E-mail address

2. Present Address _____ Tel. No. _____
Area Code & Number

3. Permanent Address _____ Tel. No. _____
Area Code & Number

4. Present Position _____ Employer- _____

5. POSITION DESIRED (indicate first choice, second choice, ex. 1, 2, 3 etc., for which you are qualified)

- _____ Early Childhood (Pre K-3)
- _____ Middle Childhood (4-9)
- _____ Adolescent-Young Adult (7-12)
- _____ Multi-age
- _____ Guidance Counselor
- _____ Professional Administrator (Pre K-3, Middle, AYA)
- _____ Adm. Specialist (type) _____
- _____ Vocational (area) _____
- _____ School Health Nurse
- _____ Consultant

- Special Education:
- _____ Intervention Specialist
 - _____ Interpreter
 - _____ Speech/Language Pathologist
 - _____ School Psychologist

Other _____

6. DO YOU HOLD AN OHIO LICENSE? _____ (If not complete Other Than Ohio Section below)
What type? _____ (i.e. 2yr Prov., 5yr License, 8yr Prof., Permanent)
What level? _____ Issued When? _____ Expires _____
(i.e. Early Childhood, Middle Childhood, Adolescent/Young Adult, Multi-Age)

CONCENTRATION AREA(S) LISTED ON LICENSE _____
(i.e. Math, Language Arts, Social Studies, Science)

TEACHING FIELD and GRADE LEVEL (IF MULTI-AGE) _____
(i.e. Health, Phys. Ed., Music, Arts, Foreign Language, Gifted)

OTHER THAN OHIO LICENSE _____
(State and License incl. subjects listed on licensure)

7. SPECIAL APTITUDES/INTERESTS:

Art _____ Drama _____ General Music _____ Piano _____ Computer _____ Technology _____
 Other Skills: _____
 Extracurriculars _____
 Advisory (Clubs, Councils, etc.) _____ Other _____

8. TRAINING:

	School or Institution Name	Course	Diploma or Degree	Year of Graduation	Dates of Attendance From-To	Semester Hours Credit	Quarter Hours Credit
High School							
Undergraduate College							
Graduate Work							
Special (Other)							
TOTAL HOURS (undergraduate/graduate)							

9. Total hours credit for courses in education: Semester _____ Quarter _____

10. Activities in High School and College, such as Speech, Dramatics, Clubs, Athletics, Special Honors, etc.
 HIGH SCHOOL _____

COLLEGE _____

11. MILITARY EXPERIENCE (Branch)

Number of Months

12 FOREIGN COUNTRY TRAVEL (Where? When? How Long?)

13. **WORK EXPERIENCE** (Administration, teaching or other than education)

Name of School or Institution and Location	Grade/Subjects Taught or Position Held	Dates From-To	No. of years
Total number of years experience in Education			

14. Number of days of accumulated sick leave, if any: _____

15. Present Salary? _____ Minimum salary per year you would accept? _____

16. In what professional organization(s) do you hold membership(s)?

References: Give five references, including superintendents and principals under whom you have taught, who have first-hand knowledge of your character, personality, scholarship, and teaching ability. If a beginning teacher, include cooperating teacher(s) and college professor(s) familiar with your work. If you have a set of credentials and/or references on file at the Teacher Placement Office of a College or a University, please request that these be sent to our office to be included with your application file and note this here: _____

Name	Address & Telephone	Official Position
1.		
2.		
3.		
4.		
5.		

READ CAREFULLY (Signature required below)

All applications for employment are subject to a criminal records check through the Bureau of Criminal Identification and Investigation and Federal Bureau of Investigation pursuant to the authority of Section 3319.32 and Section 109.57, Revised Code.

Have you ever been convicted of one or more of the following disqualifying crimes (check ✓ if yes)? If so, attach an explanation of what happened.

- | | | |
|--|---|---|
| <input type="checkbox"/> Aggravated Murder | <input type="checkbox"/> Corruption of a Minor | <input type="checkbox"/> Illegal Use of a Minor in Nudity-Oriented Material/Performance |
| <input type="checkbox"/> Murder | <input type="checkbox"/> Gross Sexual Imposition | <input type="checkbox"/> Aggravated Robbery |
| <input type="checkbox"/> Voluntary Manslaughter | <input type="checkbox"/> Sexual Imposition | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Involuntary Manslaughter | <input type="checkbox"/> Importuning | <input type="checkbox"/> Aggravated Burglary |
| <input type="checkbox"/> Felonious Assault | <input type="checkbox"/> Voyeurism | <input type="checkbox"/> Burglary |
| <input type="checkbox"/> Aggravated Assault | <input type="checkbox"/> Public Indecency | <input type="checkbox"/> Abortion Without Informed Consent |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Felonious Sexual Penetration | <input type="checkbox"/> Endangering Children |
| <input type="checkbox"/> Failing to Provide for Functionally Impaired person | <input type="checkbox"/> Compelling Prostitution | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Aggravated Menacing | <input type="checkbox"/> Promoting Prostitution | <input type="checkbox"/> Carrying Concealed Weapons |
| <input type="checkbox"/> Patient Abuse or Neglect | <input type="checkbox"/> Procuring | <input type="checkbox"/> Having Weapons While Under Disability |
| <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Prostitution | <input type="checkbox"/> Improperly Discharging Firearm at or into Habitation or School |
| <input type="checkbox"/> Abduction | <input type="checkbox"/> Disseminating Matter Harmful to Juveniles | <input type="checkbox"/> Corrupting Another with Drugs |
| <input type="checkbox"/> Child Stealing | <input type="checkbox"/> Pandering Obscenity | <input type="checkbox"/> Drug Trafficking |
| <input type="checkbox"/> Criminal Child Enticement | <input type="checkbox"/> Pandering Obscenity Involving a Minor | <input type="checkbox"/> Alteration of Food |
| <input type="checkbox"/> Rape | <input type="checkbox"/> Pandering Sexually Oriented Material Involving a Minor | |
| <input type="checkbox"/> Sexual Battery | | |

Sign only if any of the above are checked _____
Employee Signature

LEGAL QUESTIONS-HAVE YOU EVER... (Each question MUST be answered by placing an X in the appropriate box)
(Signature required below)

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Been convicted of, found guilty of, pled guilty to, or pled no contest to any misdemeanor other than a traffic offense? |
| <input type="checkbox"/> | <input type="checkbox"/> | Been convicted of, found guilty of, pled guilty to, or pled no contest to any felony? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had a criminal conviction sealed or expunged? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had ANY professional certificate, license, or permit, or an application for same, revoked, suspended, limited, or denied? |
| <input type="checkbox"/> | <input type="checkbox"/> | Surrendered ANY certificated, license, or permit? |

* Attach an explanation for any you've answered with a "yes" _____
Employee Signature

Employment Provisions (Signature required below)

I understand that due to the length of time required for completion of the criminal background check, it may be necessary to employ a person prior to the Board of Education having received the results of the criminal records investigation. In these cases, the Board of Education shall rely on the information provided in the employment application. However, by signing this document I specifically agree that if I am employed by the Board of Education prior to its receipt of a response from B.C.I., and F.B.I. as my employment shall be contingent upon subsequent receipt by the Board of Education of a report from B.C.I. which is consistent with my answer to the above question. In the event I have been employed prior to the Board of Education having received a report from B.C.I., and a subsequent report from B.C.I. and F.B. I. is received which is not consistent with my answer to the above question, I specifically agree that the action of the Board of Education 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.

Employee Signature _____ Date: _____

Please indicate your preference of Schools: (✓)

- | | |
|---|---|
| <input type="checkbox"/> All Tri-County Schools (Ashland, Holmes and Wayne) | <input type="checkbox"/> All Ashland County Schools |
| <input type="checkbox"/> All Holmes County Schools | <input type="checkbox"/> All Wayne County Schools |

MAIL TO:
TRI-COUNTY SUPERINTENDENT
741 Winkler Drive
Wooster, Ohio 44691
Phone 330/345-6771