



OSNABURG LOCAL SCHOOLS

310 Browning Street
East Canton, OH 44730

APPLICATION FOR SUPPORT POSITION

Date of Application _____ Social Security Number _____

Name _____
(Last) (First) (Middle)

Present Address _____
(Street) (City) (State) (Zip)

Home Telephone () _____ Date available to begin work _____

Are you legally eligible for employment in the United States? _____ Yes _____ No

Check Appropriate Area/Area: Full Time _____ Substitute _____ Summer _____ Part-Time _____

EDUCATION

School	Name and Location of School	Course of Study	Number of years completed	Did you graduate?	Diploma or Degree
High School					
Business/Trade Technical					
College					
Other					

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age color, disability or other protected status).

EMPLOYMENT HISTORY

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone ()	<u>Dates Employed</u>		Summarize the nature of the work performed and job responsibilities:
Address		From	To	
Job Title		<u>Hourly Rate/Salary</u> Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		<u>Hourly Rate/Salary</u> Final		
May we contact for reference? Yes No Later		\$	Per	

Employer	Telephone ()	<u>Dates Employed</u>		Summarize the nature of the work performed and job responsibilities:
Address		From	To	
Job Title		<u>Hourly Rate/Salary</u> Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		<u>Hourly Rate/Salary</u> Final		
May we contact for reference? Yes No Later		\$	Per	

Employer	Telephone ()	<u>Dates Employed</u>		Summarize the nature of the work performed and job responsibilities:
Address		From	To	
Job Title		<u>Hourly Rate/Salary</u> Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		<u>Hourly Rate/Salary</u> Final		
May we contact for reference? Yes No Later		\$	Per	

Comments:

ACTIVITIES

List special interests including hobbies, cultural interests, sports activities, etc.

ADDITIONAL INFORMATION

Please list any special information you would like us to consider.

REFERENCES

List the information requested below for three (3) references who are not related to you.

Name	Address	Telephone Number	Years Known

Name of person to notify in an emergency:

Name: _____

Address: _____

Telephone Number: () _____ Relationship to Applicant: _____

POSITION PREFERENCE

Elementary _____ Middle School _____ High School _____

CRIMINAL CHECK

The Revised Code (3319.39) requires the Board of Education to request the Superintendent of the Bureau of Criminal Identification and Investigation to conduct a criminal records check with respect to any applicant receiving "final consideration" for position involving the care, custody, or control of children. If the applicant does not present proof that he/she had been a resident of Ohio for the five-year period immediately prior to the date upon which the criminal record check is requested or does not provide evidence that within a five-year period the Superintendent has requested information about him/her from the Federal Bureau of Investigation in a criminal record check, the school district shall request that the Superintendent obtain information from the F.B.I. as a part of the criminal records check of the applicant.

The criminal record check is conducted through a review of fingerprint impressions. An individual who has been convicted or pleaded guilty to offenses listed in the statute may not be employed by the district. Listed offenses are available on request.

I acknowledge being informed that, as a precondition to employment and in accordance with Ohio law, I must provide both a set of fingerprints and satisfactorily pass a criminal records check. I recognize that I will be charged for the cost of the records check. I understand that unless I pay the fee, when requested, I will not be considered for employment.

Applicant Signature _____

Date _____

AUTHORIZATION

I hereby give Osnaburg Local School District the right to investigate all references and to secure additional information about me. I release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I certify that the answers on this application are true and correct to the best of my knowledge and belief. I understand material misrepresentation of fact contained herein may be grounds for invalidating any contract commitments resulting from this application. I further understand that my employment will be subject to the laws of the State of Ohio and to the rules, regulations, and position descriptions adopted by the Osnaburg Local Board of Education.

Applicant Signature _____

Date _____

The Osnaburg Local School District does not discriminate against students, employees, or applicants because of race, color, national origin, sex, religion, handicap, veteran status, or age. This applies to all educational programs including vocational education, community education, and special education.

**Please return to:
Personnel Department
Osnaburg Local Schools
310 Browning Street
East Canton, OH 44730**