

South Central Ohio Educational Service Center

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Employment Application

	Applicant Informa	ation				
Full Name:			Date:			
Address:						
Phone:	Cell Phone:	E-mail:				
Social Securi	ity Number:					
Are you a citizen of the United States?YesNo If no, are you authorized to work in the U.S.?YesNo						
Have you ever been convicted of a felony?YesNo Position Applied for:						
If yes, explain	:					
Education						
Highest Leve	el of Education Completed: High School	Associate	Bachelor	Master		
		Date Degree Received:				
High School:		Year of Complet	tion:State:			
Other:						
Licensure/Certification						
Licensure typ	peODE State ID	Number	Birth Date:			
	d:					
	De :					
Teaching Fiel	d:	-				
	Military Servic	e				
Branch:			From: To):		
Rank at Disc	harge:Ty	/pe of Discharge:				
If other than h	onorable, explain:					
	Previous Employ	ment				
Employer: _		Phone: ()				
Address:		Supervisor:				
Job Title:	Starting Sa	ılary: \$	_ Ending Salary: \$			
Responsibilit	ies:					
From: To: Reason for Leaving:						
May we contact your previous supervisor for a reference? Yes No						

Pre	evious Employment continued	
Employer:	Pł	hone: ()
Address:		
Job Title:		
Responsibilities:		_ ,
From: To: Reason for I		
May we contact your previous supervisor for a r	reference?YesNo	
Have you ever taught under a continuing contract?	YesNo	
If yes, the school district and date a continuing confi	tract (tenure) was granted:	
School District		Date
Number of days absent from duty or classes in	the past two years	<u>_</u>
Applicants are encouraged to submit a résuluniversity work and copies of all valid Ohio ce		
Diagonal light thousand was a signal was a superior	References	
Please list three professional references.	D. I. (1	
Full Name:		
Employer:		_ Pnone: ()
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 authorized employees to make any investigation of my person state criminal law enforcement, or traffic record agency, administrative body or governmental agentomation they may have regard and all providers of information to whom this release A copy of this consent and release shall be considered.	nal or employment history, expressly includes. I further authorize any former employ ncy to give the South Central Ohio Educat ling me. I release the South Central Ohio se is sent, from any liability as a result of fo	uding, but not limited to, federal and/or yer, person, firm, corporation, credit tional Service Center, its agents, or its Educational Service Center, and any
All information provided by me in support of my a understand that if I am employed, false statement		
		Date:
Signature of Applicant		
If any of your educational or employment records	are under any other name(s) other than th	ne above name, please provide other

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.