

PERRY

HOCKING

APPLICATION FOR NON-CERTIFICATED EMPLOYMENT

EDUCATIONAL

SERVICE

CENTER

PLEASE TYPE OR PRINT IN BLACK INK

Date of Application _____

What position(s) are you interested in? Custodian Secretary Student Attendant
 Teacher Aide Other _____

Personal Information:

Last Name	First	Middle	SS#
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Street Address	City	State	Zip Code
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Telephone Number

Home:

Work:

Are you currently under contract to another district? Yes No

If you answered yes, when does the contract expire?

Date available for employment?

Current base salary? (Not including fringe benefits)	Base salary expectations? (Not including fringe benefits)
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Do you hold a valid certificate of any type through the Ohio Department of Education? Yes No

Area of Certification?

Certificate Number?

Have you ever been convicted of a felony? Yes No

If yes, please explain on a separate sheet of paper.

Note: Candidates are subject to a criminal background check.

Military Experience:

Branch of Service?	Years?	From?	To?
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Present Military Affiliation? None Reserve/NGUS (active) Reserve (inactive)

Educational History:

School Name	Location (city,state)	Major Course or Subject	Dates Attended		Semester Hours	Degree
			From	To		

Professional Experience:

Starting with present or most recent, list all previous employers. If more space is required, please continue on a separate sheet. You may attach resume, but complete application as well.

No. of Years	Dates		Position Title	School District Organization, Address	Reason For Leaving
	From	To			

Other Work Experience And Achievements Valuable To Your Career:

Outside Activities:

Professional/Work References:

Please list below the names and addresses of five persons who can speak of your professional competency and character.

Name	Type of Acquaintance
Street Address, City, State, ZIP Code	Phone Home: Business:
Name	Type of Acquaintance
Street Address, City, State, ZIP Code	Phone Home: Business:
Name	Type of Acquaintance
Street Address, City, State, ZIP Code	Phone Home: Business:
Name	Type of Acquaintance
Street Address, City, State, ZIP Code	Phone Home: Business:
Name	Type of Acquaintance
Street Address, City, State, ZIP Code	Phone Home: Business:

Does the board of education or its agents have your permission to contact the above named persons?

- Yes
- No

Does the board of education or its agents have your permission to contact your current employer?

- Yes
- No

Why Are You Interested In This Particular Position?

Do you have any special training that would be germane to the position for which you are applying?

Applicant's Signature:

I certify that the information in this application is true and accurate to the best of my knowledge and belief.

I hereby authorize the Board of Education or its agents to conduct such investigations and to obtain such records (including criminal and credit records) as the Board deems necessary. I understand that giving false or misleading information, either oral or written, may result in denial or termination of my employment.

I understand that Ohio public records laws may mandate disclosure of applicant information by the school district or the Perry-Hocking Educational Service Center conducting the records search.

Signature of Applicant

Date

If any of your educational or employment records are under other than the above name, please provide other names.

Send All Application Materials To:

Perry-Hocking Educational Service Center
Attention: Dale L. Dickson, Superintendent
1605 Airport Road
New Lexington, Ohio 43764