



SWITZERLAND OF OHIO LOCAL SCHOOL DISTRICT

304 MILL STREET
WOODSFIELD, OH 43793
PHONE 740-472-5801 FAX 740-472-5806

OFFICE USE ONLY
DATE RECEIVED

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Application Date: _____ Social Security Number _____

Full Name _____ Date of Availability: Year _____ Month _____ Day _____

Previous or other surnames (s) reflected on employment or educational records _____

Previous Mailing Address: Street _____ Phone (_____) _____

City _____ State _____ Zip Code _____ Msg. Phone (_____) _____

Permanent Mailing Address: Street _____

City _____ State _____ Zip Code _____

Currently under contract with another school district? Yes _____ No _____
If yes: School District _____ City _____

“ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.”

EMAIL ADDRESS _____

POSITION APPLIED FOR

Please Check One:

ADMINISTRATIVE _____ CERTIFICATED _____ CLASSIFIED _____ SUBSTITUTE _____

If SUBSTITUTE, please check all that apply:

BUS DRIVER ___ BUS AIDE ___ COOK ___ CUSTODIAN ___ NURSE ___
EDUCATIONAL AIDE ___ MECHANIC ___ SCHOOL SECRETARY ___ COURIER ___

If not a SUBSTITUTE, what position are you applying for: _____

Current Ohio Educational Aide Permit - Teaching License - Administrative License - Nurse License

Ohio Department of Education State ID# _____

Type (s) _____

Degree (s) Bachelor Minus _____ Bachelor _____ Bachelor Plus 150 _____ Master _____ Master Plus 15 _____

Endorsements/Certifications _____

Date of Expiration _____

Added Endorsements Expected _____

Educational Aide Permit Issued Date _____ Expiration Date _____

If no Ohio License, when is it expected? Month _____ Year _____

Semester Hours Total from Transcripts _____

IF INTERVIEWED FOR A POSITION YOU WILL BE REQUIRED TO BRING OFFICIAL TRANSCRIPTS WITH YOU OR HAVE THEM SENT TO US PRIOR TO YOUR INTERVIEW.

EQUAL OPPORTUNITY INFORMATION

Ohio school districts are equal opportunity employers and comply with all applicable state and federal statutes and regulations in employment and school district programs.

Background checks are done on all district employees; those can be done here at the Central Office.

Is there anything on your **FBI/BCI** background check that we should be aware of? Yes ___ No ___

Please explain: _____

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 worked for this company? Yes ___ No ___

If yes, when? _____

EDUCATIONAL AND PROFESSIONAL BACKGROUND

High School, Colleges, Universities Name, City, State	Dates Attended Mo/Yr to Mo/Yr	Type of Degree Earned	Major & Minor (if any)
High School			
College/University			

PREVIOUS EMPLOYMENT

Company/School _____ **Phone** _____ **Supervisor** _____

Address _____

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

Responsibilities _____

From _____ **To** _____ **Reason for Leaving:** _____

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

Company/School _____ **Phone** _____ **Supervisor** _____

Address _____

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

Responsibilities _____

From _____ **To** _____ **Reason for Leaving:** _____

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

Company/School _____ **Phone** _____ **Supervisor** _____

Address _____

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

Responsibilities _____

From _____ **To** _____ **Reason for Leaving:** _____

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

REFERENCES

Give references (a minimum of three), especially superintendents or principals under whom you have taught, who have first-hand knowledge of your character, personality, and teaching ability.

Name	Position/District	Address	Work Phone	Home Phon

EXPERIENCE OTHER THAN TEACHING - ADMINISTRATIVE - EDUCATIONAL AIDE

OTHER LANGUAGES: Please list any foreign language(s) you can use. _____

Fluent skills (speak, read, write) _____

Minimal skills (please list abilities) _____

Actual language training _____

ELEMENTARY APPLICANTS: Check areas in which you have training or experience to the extent the skill(s) could be used in class.

Teach PE ___ Teach Art ___ Teach Vocal Music ___ Etc. ___

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

IS THERE ANYTHING YOU WOULD LIKE TO TELL US ABOUT YOURSELF?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____