

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL)

### EDUCATION

*Please include college transcript(s).*

COLLEGE: \_\_\_\_\_ GRAD DATE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ GRAD DATE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ GRAD DATE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

### OHIO DEPARTMENT OF EDUCATION CERTIFICATION

LICENSE NUMBER \_\_\_\_\_ TYPE \_\_\_\_\_

ISSUE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ VALID FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ THRU \_\_\_\_/\_\_\_\_/\_\_\_\_

OR EXPLAIN HOW A SCHOOL TREASURER LICENSE CAN BE OBTAINED SOON: \_\_\_\_\_

### EXPERIENCE-TREASURER

CURRENT POSITION: \_\_\_\_\_ DATE OF EMPLOYMENT: \_\_\_\_\_

SCHOOL/INSTITUTION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

CURRENT STUDENT ENROLLMENT: \_\_\_\_\_ CURRENT ANNUAL BUDGET:\$ \_\_\_\_\_ RATE OF PAY:\$ \_\_\_\_\_

TOTAL NUMBER OF STAFF: \_\_\_\_\_ NUMBER OF STAFF REPORTING DIRECTLY TO YOU: \_\_\_\_\_

List other treasurer/CFO position experience in reverse chronological order:

WHERE EMPLOYED

WHEN

DUTIES

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT NAME: \_\_\_\_\_

EXPERIENCE – OTHER

Please give accurate, complete full-time and part-time employment information beginning with the most recent employer.

Employer	Job Title	
Address (street, city, state, zip)		
Phone	Dates (from/to)	Total Years
Supervisor	Rate of Pay	
Job Duties		

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Job Duties		

You must answer each of the following questions yes or no. **If you answered Yes to any question, attach an explanation to this application.**

1. Have you ever had ANY certificate, license, or permit, or an application for same, revoked, suspended, limited or denied? .....

YES NO

2. Have you ever surrendered ANY certificate, license, or permit? .....

YES NO

TREASURER APPLICATION

APPLICANT NAME: \_\_\_\_\_

PROFESSIONAL REFERENCES

NAME	POSITION	PHONE	ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL REFERENCES

NAME	RELATIONSHIP	PHONE	ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notifications

*I acknowledge being informed that, as a precondition to employment in the position for which I am applying, I must in accordance with Ohio Law provide a set of fingerprints and satisfactorily pass a criminal records check. If a criminal records check indicates that an employee has been convicted of or plead guilty to any of the offenses described in R.C. 109.572 (A) (1), the employee will be informed of the Board's actions.*

*I hereby authorize the Northwest Ohio Educational Service Center and **Holgate** Local School District to obtain from my former or other current employers all data needed to support this application.*

*With the understanding that falsification of any information furnished on this application is grounds for the rejection of this application or, if I am approved, dismissal after my approval, I certify that all such information is true and complete to the best of my knowledge, and I hereby authorize agents of the Northwest Ohio Educational Service Center, **Holgate** Local School District, and those acting in accordance with their direction to investigate same. I understand that any such investigation may include, but need not be limited to, a prescreening, an inquiry to the Ohio Bureau of Criminal Identification and Investigation and to other law enforcement agencies; I accordingly agree to cooperate promptly and fully during the application process in being fingerprinted and otherwise in completing and signing all forms required for any such inquiry, and I acknowledge that my failure to cooperate shall cause the rejection of my application. Further, I hereby give my permission to the Ohio Bureau of Criminal Identification and Investigation and other law enforcement agencies, as well as any and all other persons and entities who might have knowledge concerning information that I have provided on this form, to disclose to agents of the Northwest Ohio Educational Service Center, **Holgate** Local School District, and those acting in accordance with their direction all pertinent information in their possession (except to the extent that I have expressly stated otherwise on this form), and I release those so requesting, receiving, and providing that information and their respective agents and principals, from any and all liability in connection therewith to the full extent permitted by law, and I voluntarily authorize the Northwest Ohio Educational Service Center and **Holgate** Local School District to contact any references whose names I have submitted. I voluntarily release this agency and any persons providing information from any liability and claims relating to the use of information obtained.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Holgate Local School District and Northwest Ohio Educational Service Center are equal opportunity employers and do not discriminate on the basis of race, color, national origin, gender, disability, religion, ancestry, socio-economic status, sexual orientation, citizenship, veteran status, genetic information, or any other unlawful basis in its educational program, activities, employment policies, or admission policies and practices, as required by law. Qualified applicants who are disabled and require special assistance in responding to an employment announcement should call 567.444.4806.*