

TRI-COUNTY SCHOOLS APPLICATION

(Administrators, Teachers and Specialists)
741 Winkler Drive, Wooster, Ohio 44691
Phone: 330-345-6771 Fax: 330-345-7622
Website: www.tricountyesc.org

Date _____

(This application will remain active for 12 months; please contact us if you wish to renew it)

1. Name _____
Last First Middle E-mail address

Other names which may appear on official documents (e.g. maiden) _____

2. PRESENT ADDRESS _____ TEL. NO. _____
Area Code & Number

3. PERMANENT ADDRESS _____ TEL. NO. _____
Area Code & Number

4. PRESENT POSITION _____ EMPLOYER _____

5. POSITION DESIRED (indicate first choice, second choice, ex. 1, 2, 3 etc., for which you are qualified)

_____ Early Childhood (Pre K-3)	Special Education:
_____ Middle Childhood (4-9)	_____ Intervention Specialist
_____ Adolescent-Young Adult (7-12)	_____ Interpreter
_____ Multi-age	_____ Speech/Language Pathologist
_____ Guidance Counselor	_____ School Psychologist
_____ Professional Administrator (Pre K-3, Middle, AYA)	
_____ Adm. Specialist (type) _____	
_____ Vocational (area) _____	
_____ School Health Nurse (School Health Service Provider)	Other _____
_____ Consultant	

6. DO YOU HOLD A CURRENT OHIO LICENSE? _____ License Number _____

License Type _____ (i.e. 2yr. Prov., 5yr Prof., Lead, Senior, 8yr Prof., Permanent)

License Level _____ Issued When? _____ Expires _____
(i.e. Early Childhood, Middle Childhood, Adolescent/Young Adult, Multi-Age)

CONCENTRATION AREA(S) LISTED ON LICENSE _____
(i.e. Math, Language Arts, Social Studies, Science)

TEACHING FIELD and GRADE LEVEL (IF MULTI-AGE) _____
(i.e. Health, Phys. Ed., Music, Arts, Foreign Language, Gifted)

OUT OF STATE LICENSE _____
(State and License incl. subjects listed on licensure)

*An Equal Opportunity Employer

7. SPECIAL APTITUDES/INTERESTS:

Art _____ Drama _____ General Music _____ Piano _____ Computer _____ Technology _____
 Other Skills: _____
 Extracurricular(s): _____
 Advisory (Clubs, Councils, etc.) _____ Other _____

8. TRAINING:

	School or Institution Name	Course	Diploma or Degree	Semester Hours Credit	Quarter Hours Credit
High School					
Undergraduate College					
Graduate Work					
Special (Other)					
TOTAL HOURS (undergraduate/graduate)					

9. Total hours credit for courses in education: Semester _____ Quarter _____

10. Activities in High School and College, such as Speech, Dramatics, Clubs, Athletics, Special Honors, etc.

HIGH SCHOOL _____

COLLEGE _____

11. **MILITARY EXPERIENCE** (Branch)

Number of Months

12. **FOREIGN COUNTRY TRAVEL** (Where? When? How Long?)

13. WORK EXPERIENCE (Administration, teaching or other than education)

Name of School or Institution and Location	Grade/Subjects Taught or Position Held	Dates From-To	No. of years
Total number of years experience in Education			

14. Number of days of accumulated sick leave, if any: _____

15. Present Salary _____ Minimum salary per year you would accept _____

16. Professional organization(s) in which you hold membership(s)

17. Have you held a continuing contract in an Ohio school district? _____
If so, name of district: _____

References: Give five references, including superintendents and principals under whom you have taught, who have first-hand knowledge of your character, personality, scholarship, and teaching ability. If a beginning teacher, include cooperating teacher(s) and college professor(s) familiar with your work. If you have a set of credentials and/or references on file at the Teacher Placement Office of a College or a University, please request that these be sent to our office to be included with your application file and note this here: _____

Name	Address & Telephone	Official Position
1.		
2.		
3.		
4.		
5.		

READ CAREFULLY

All applications for employment are subject to a criminal records check through the Bureau of Criminal Identification and Investigation and Federal Bureau of Investigation pursuant to the authority of Section 3319.32 and Section 109.57, Revised Code.

Please see the following list of disqualifying crimes:

- | | | |
|--|--|--|
| Aggravated Murder | Corruption of a Minor | Illegal Use of a Minor in Nudity-
Oriented Material/Performance |
| Murder | Gross Sexual Imposition | Aggravated Robbery |
| Voluntary Manslaughter | Sexual Imposition | Robbery |
| Involuntary Manslaughter | Importuning | Aggravated Burglary |
| Felonious Assault | Voyeurism | Burglary |
| Aggravated Assault | Public Indecency | Abortion Without Informed Consent |
| Assault | Felonious Sexual Penetration | Endangering Children |
| Failing to Provide for Functionally
Impaired person | Compelling Prostitution | Domestic Violence |
| Aggravated Menacing | Promoting Prostitution | Carrying Concealed Weapons |
| Patient Abuse or Neglect | Procuring | Having Weapons While Under Disability |
| Kidnapping | Prostitution | Improperly Discharging Firearm at
or into Habitation or School |
| Abduction | Disseminating Matter Harmful to
Juveniles | Corrupting Another with Drugs |
| Child Stealing | Pandering Obscenity | Drug Trafficking |
| Criminal Child Enticement | Pandering Obscenity Involving a Minor | Alteration of Food |
| Rape | Pandering Sexually Oriented | |
| Sexual Battery | Material Involving a Minor | |

I have read the above list of disqualifying crimes

Employee Signature

Employment Provisions (Signature required below)

I understand that due to the length of time required for completion of the criminal background check, it may be necessary to employ a person prior to the Board of Education having received the results of the criminal records investigation. In these cases, the Board of Education shall rely on the information provided in the employment application. However, by signing this document I specifically agree that if I am employed by the Board of Education prior to its receipt of a response from B.C.I., and F.B.I. as my **employment shall be contingent** upon subsequent receipt by the Board of Education of a report from B.C.I. which is consistent with my answer to the above question. In the event I have been employed prior to the Board of Education having received a report from B.C.I., and a subsequent report from B.C.I. and F.B.I. is received which is not consistent with my answer to the above question, I specifically agree that the action of the Board of Education employing me **shall be void** without any further act by either party, and that my employment will terminate immediately without the necessity of proceedings to formally terminate my contract of employment.

Employee Signature: _____ **Date:** _____

Please indicate your preference of Schools: (X)

- | | |
|---|---|
| <input type="checkbox"/> All Tri-County Schools (Ashland, Holmes and Wayne) | <input type="checkbox"/> All Ashland County Schools |
| <input type="checkbox"/> All Holmes County Schools | <input type="checkbox"/> All Wayne County Schools |

**Mail To: Tri-County ESC Superintendent
741 Winkler Dr.
Wooster, Ohio 44691**