



**NORTHRIDGE LOCAL SCHOOL DISTRICT
APPLICATION FOR ATHLETICS**

6097 Johnstown-Utica Road Johnstown, Ohio 43031
Phone: (740) 967-6631 Fax: (740) 967-5022

Step: _____
Experience: _____
Verified Yrs: _____
_____ A/D
A/D Date Signed: _____

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Name:

Last

First

Middle

Present address:

Number

Street

City

State

Zip

Social Security No: _____ - _____ - _____

Date of Birth: _____

Phone: (____) _____

Email: _____

Position & Sport applied for: _____

MS

HS

Pupil Activity Permit #: _____

Expires: _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	DEGREE Earned i.e. HS Diploma, BA, BS
High School				
College				

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE FOR WHICH A PARDON HAS NOT BEEN GRANTED? No Yes

APPLICATION FORM WAIVER

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Northridge Local School District permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Northridge Local School District from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, Northridge Local School District will request a BCI/FBI report and a current issued Pupil Activity Permit for this position.

Signature of applicant _____

Date: _____

Northridge Local School District is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability.

Thank you for completing this application form and for your interest in Northridge Schools.