



# Amanda-Clearcreek Local Schools

Office of the Superintendent  
328 East Main Street  
Amanda, Ohio 43102  
(740) 969-7260 (phone)



Return materials to Kari Karshner, Administrative Assistant  
kkarshner@amanda.k12.oh.us

## APPLICATION FOR SUPPLEMENTAL POSITION

Amanda-Clearcreek Local School District Board of Education ("Board") is an equal opportunity employer and any inquiry on this application is made in good faith and is not intended in any way to discriminate against applicants because of race, color, religion, sex, age, national origin, disability, ancestry, military status, genetic info or any other characteristic protected by applicable Federal, State or local law. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Kari Karshner, District Office Administrative Assistant.

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Supplemental Position (s) applied for: \_\_\_\_\_

School Year: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Nbr. \_\_\_\_\_

\_\_\_\_\_ Work Nbr. \_\_\_\_\_

Email address: (important) \_\_\_\_\_

Do you hold a current valid Ohio teaching certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, expiration date: \_\_\_\_\_

Do you have a current Pupil Activity Supervisors' permit? \_\_\_\_\_ If yes, expiration date: \_\_\_\_\_

Do you have a current CPR card? \_\_\_\_\_ If yes, expiration date: \_\_\_\_\_

List previous experience in this supplemental area: \_\_\_\_\_

Have you previously been employed by any school district? \_\_\_\_\_ Yes \_\_\_\_\_ No

Position \_\_\_\_\_ School \_\_\_\_\_ Date (s) \_\_\_\_\_

Position \_\_\_\_\_ School \_\_\_\_\_ Date (s) \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of, found guilty of, or pled guilty to any criminal offense, including misdemeanors or felonies? \_\_\_\_\_ (If yes, explain) \_\_\_\_\_

\_\_\_\_\_

*(Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying and in accordance with applicable law.)*

(Note: Candidates are required to complete a criminal background check. A satisfactory and complete criminal records check is a precondition for employment in the District.)

**READ CAREFULLY BEFORE SIGNING**

**AGREEMENT**

In consideration of the Board's review of my application, I agree that any claim or lawsuit arising out of my employment or my application for employment with the Board must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

I certify that the information I have given on this application is true and complete to the best of my knowledge and belief. I agree that if, in the Board's judgment, misrepresentation, falsification, or omission of information has been made by me or if the results of the Board's investigation are unsatisfactory, any offer of employment may be withdrawn, or if I am already employed by the Board, my employment may be terminated. I understand that if employed by Amanda-Clearcreek Schools, I will abide by all rules and regulations of the Board.

I authorize investigation of all matters related to this application for employment including any criminal records check. I give the Board of Education the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the Board of Education and its representatives for seeking, gathering and using such information and all other persons, corporations, employers, or organizations for furnishing such information.

The Board does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

I understand that Ohio public records laws may mandate disclosure of applicant information by the School District.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
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**For District Office Use Only (if applicable):**

- Applicant has current pupil activity supervisors' permit on file?    \_\_\_ Yes \_\_\_ No
- Applicant has current CPR certification on file?                    \_\_\_ Yes \_\_\_ No
- Applicant has completed the Fundamentals of Coaching Class?    \_\_\_ Yes \_\_\_ No
- Applicant has completed the Concussion Awareness Class?        \_\_\_ Yes \_\_\_ No
- Applicant has completed the Sudden Cardiac Arrest Training?      \_\_\_ Yes \_\_\_ No
- Applicant has current fingerprint records on file?                 \_\_\_ Yes \_\_\_ No
- Other \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
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