



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.