

Professional References: These are persons who are qualified to provide information concerning your qualifications for the position you seek.

Name	Title	Complete Address	Phone

Certification Held:

Type	State	Date Expires
Type	State	Date Expires

- | | Yes or No |
|--|----------------|
| <p>1. Do you have any impairments physical, mental or medical which would interfere with your ability to do the job for which you have applied?
If yes, please explain _____</p> | _____ |
| <p>2. Are you presently under contract?
If yes, when does it expire? _____
Do you expect your contract to be renewed? _____</p> | _____
_____ |
| <p>3. Do you have any friends or relatives currently working in the the Crestview Local School District?
If yes, list them and their relationship _____</p> | _____ |
| <p>4. Have you previously worked for the Crestview Local Schools?
If yes, in what capacity? _____</p> | _____ |

I hereby authorize the District to inquire and verify information contained on this application, and the District shall not be liable for any damage which may result from such inquiry or verification. I understand that making any misleading or untruthful statement on this application, will constitute sufficient cause for cancellation of any contract in force. If accepted for employment, I understand this application and related documents will become part of the District's personnel records.

Signature Date

Your application will remain in our active files for six months from the date of completion. The Crestview Local Schools is an equal opportunity employer and is in compliance with Section 504 of the Rehabilitation Act of 1973.