



**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 <small>i.e. HS Diploma, BA, BS</small>
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.***