

LINCOLNVIEW LOCAL SCHOOLS
ADMINISTRATIVE APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____

APPLICATION FOR WHAT POSITION: _____

EDUCATION:

	<u>Name of School</u>	<u>Degree</u>
College/University	_____	_____
	_____	_____
Post Graduate	_____	_____
Majors & Semester Hours	Minors & Semester Hours	
	_____	_____

TEACHING EXPERIENCE: (If applicable)

<u>Name of School District</u>	<u>Grade or Subject Taught</u>
_____	_____
_____	_____
_____	_____

ADMINISTRATIVE/WORK EXPERIENCE:

<u>Name of School District/Employer</u>	<u>Position</u>
_____	_____
_____	_____
_____	_____

CERTIFICATES HELD: (If applicable)

<u>Area</u>	<u>Type</u>	<u>Years Valid</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

ARMED SERVICES (ACTIVE) BRANCH OF SERVICE: _____ No. of Months _____

SALARY REQUIREMENT: _____

REFERENCES:

<u>Name</u>	<u>Position</u>	<u>Address - Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I acknowledge being informed that, as a precondition to employment, in the position for which I am applying, I must in accordance with Ohio law both provide a set of fingerprints and satisfactorily pass a background check if I come under final consideration for employment. I recognize that I will be charged for the cost of the records check, and that, unless I pay the fee, I will not be considered for employment.

I represent that all information furnished in connection with this application is true and accurate to the best of my knowledge. I further recognize that, should the employer discover that I have falsified any such information, I will not be hired or, if already hired, will be subject to termination from employment on that ground.

Signature: _____

Please return to: Superintendent
Lincolnview Local Schools
15945 Middle Point Road
Van Wert, OH 45891

AN EQUAL OPPORTUNITY EMPLOYER

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