



SWITZERLAND OF OHIO LOCAL SCHOOL DISTRICT

304 MILL STREET
WOODSFIELD, OH 43793
PHONE 740-472-5801 FAX 740-472-5806

OFFICE USE ONLY

DATE RECEIVED

____/____/____
BY: _____
BCI _____
FBI _____

EMPLOYMENT APPLICATION

This application does not constitute an offer of employment or contract.

Application Date: _____

Full Name _____ Date of Availability: Year _____ Month _____ Day _____

Previous or other surname(s) reflected in employment or educational records _____

Address: Street _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Are you a citizen of the United States? Yes ___ No ___

If no, are you authorized to work in the U.S.? Yes ___ No ___

Have you ever worked for this company? Yes ___ No ___

If yes, when? _____

Currently under contract with another school district? Yes ___ No ___

If yes: School District _____ City _____

“ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.”

EMAIL ADDRESS: _____

POSITION APPLIED FOR

Please ✓ all that apply:

ADMINISTRATIVE _____ CERTIFICATED _____ CLASSIFIED _____ SUBSTITUTE _____

If SUBSTITUTE, please check all that apply:

BUS DRIVER _____ COOK _____ NURSE _____ COURIER _____
BUS AIDE _____ CUSTODIAN _____ MAINTENANCE _____ SUBSTITUTE TEACHER _____
EDUCATIONAL AIDE _____ MECHANIC _____ SCHOOL SECRETARY _____

IF APPLYING FOR A POSITION, WHAT POSITION _____

Current Ohio Educational Aide Permit - Teaching License – Administrative License – Nurse License

Ohio Department of Education State ID# _____

Type (s) _____

Degree (s) Bachelor Minus ___ Bachelor ___ Bachelor's Plus 150 ___ Master's ___ Master's Plus 15 ___ Master's Plus 30 ___

Endorsements/Certifications _____

Date of Expiration ____/____/____

Added Endorsements Expected _____

Educational Aide Permit Issued Date ____/____/____ Expiration Date ____/____/____

If no Ohio License, when is it expected? Month _____ Year _____

Semester Hours Total from Transcripts _____

IF INTERVIEWED FOR A POSITION YOU WILL BE REQUIRED TO BRING OFFICIAL TRANSCRIPTS WITH YOU OR HAVE THEM SENT TO US PRIOR TO YOUR INTERVIEW.

EQUAL OPPORTUNITY INFORMATION

Ohio school districts are equal opportunity employers and comply with all applicable state and federal statutes and regulations in employment, and school district programs. Background checks (if hired) are completed on all district employees; these can be completed here at the Central Office.

EDUCATIONAL AND PROFESSIONAL BACKGROUND

High School, Colleges, Universities
Name, City, State

Dates Attended
Mo/Yr. to Mo/Yr.

Type of Degree Earned

Major & Minor (if any)

High School

College/University

PREVIOUS EMPLOYMENT

Company/School _____ Phone _____ Supervisor _____
Address _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ To _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes _____ No _____

Company/School _____ Phone _____ Supervisor _____
Address _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ To _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes _____ No _____

Company/School _____ Phone _____ Supervisor _____
Address _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ To _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes _____ No _____

REFERENCES

Give references (a minimum of three), especially superintendents or principals under whom you have taught, who have first-hand knowledge of your character, personality, and teaching ability.

Name	Position/District	Address	Work Phone	Home Phone

EXPERIENCE OTHER THAN TEACHING – ADMINISTRATIVE – EDUCATIONAL AIDE

OTHER LANGUAGES: Please list any foreign language(s) you can use. _____
Fluent skills (speak, read, write) _____
Minimal skills (please list abilities) _____
Actual language training _____

ELEMENTARY APPLICANTS: Check areas in which you have training or experience to the extent the skill(s) could be used in class.

Teach PE ____ Teach Art ____ Teach Vocal Music ____ Etc. ____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____