

Tri-County Educational Service Center

Application for Treasurer

741 Winkler Drive
Wooster, Ohio 44691
330-345-6771
Fax: 330-345-7622
Website: www.tricountyesc.org

Date _____

Please type or print in blue or black ink

1.

Last Name First Name Middle Initial

Street Address

City State Zip Code

Cell Number Home Number

Work Number Email Address

2. Present Position _____

Employer _____

Are you presently under contract to another school district? Yes _____ No _____

If yes, when does the contract expire? _____

Do we have permission to contact your present employer? Yes _____ No _____

3. Do you hold a valid Ohio Treasurer's License? Yes _____ No _____

License Number _____

If not, are you eligible for an Ohio Treasurer's License? Please explain

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4. Training:

| | School or Institution Name | Course | Diploma or Degree | Year of Graduation | Dates of Attendance From-To | Semester Hours Credit | Quarter Hours Credit |
|-----------------------|----------------------------|--------|-------------------|--|-----------------------------|-----------------------|----------------------|
| High School | | | | Not Required | Not Required | | |
| Undergraduate College | | | | | | | |
| Graduate Work | | | | | | | |
| Special (Other) | | | | | | | |
| | | | | TOTAL HOURS (undergraduate/graduate) | | | |

5. In what professional organization(s) do you hold membership(s)?

| Organization | How long? |
|--------------|-----------|
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| | |
| | |

6. Work experience

| Name of School or Business and Location | Position Held | Dates From-To | No. of years |
|---|---------------|---------------|--------------|
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| | | | |
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7. Number of days of accumulated sick leave, if any? _____
8. Present Salary _____ Minimum salary per year you would accept _____
9. Have you retired from any state public employee retirement system? Yes _____ No _____
 If so, date of retirement: _____

10. Have you ever had a contract non-renewed? Yes _____ No _____

11. If yes, please give the position you held and the date of the non-renewal:

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12. Why are you looking to make a change from your current position?

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13. **References:** Give five references, including board members, superintendents, principals or others who have first-hand knowledge of your character, personality, scholarship, and abilities.

| Name | Address & Telephone | Official Position |
|------|---------------------|-------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

READ CAREFULLY

All applications for employment are subject to a criminal records check through the Bureau of Criminal Identification and Investigation and Federal Bureau of Investigation pursuant to the authority of Section 3319.32 and Section 109.57, Revised Code.

Have you ever been convicted of one or more of the following disqualifying crimes (check ✓ if yes)? If so, attach an explanation of what happened.

- | | | |
|--|---|---|
| <input type="checkbox"/> Aggravated Murder | <input type="checkbox"/> Corruption of a Minor | <input type="checkbox"/> Illegal Use of a Minor in Nudity-Oriented Material/Performance |
| <input type="checkbox"/> Murder | <input type="checkbox"/> Gross Sexual Imposition | <input type="checkbox"/> Aggravated Robbery |
| <input type="checkbox"/> Voluntary Manslaughter | <input type="checkbox"/> Sexual Imposition | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Involuntary Manslaughter | <input type="checkbox"/> Importuning | <input type="checkbox"/> Aggravated Burglary |
| <input type="checkbox"/> Felonious Assault | <input type="checkbox"/> Voyeurism | <input type="checkbox"/> Burglary |
| <input type="checkbox"/> Aggravated Assault | <input type="checkbox"/> Public Indecency | |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Felonious Sexual Penetration | <input type="checkbox"/> Abortion Without Informed Consent |
| <input type="checkbox"/> Failing to Provide for Functionally Impaired person | <input type="checkbox"/> Compelling Prostitution | <input type="checkbox"/> Endangering Children |
| <input type="checkbox"/> Aggravated Menacing | <input type="checkbox"/> Promoting Prostitution | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Patient Abuse or Neglect | <input type="checkbox"/> Procuring | <input type="checkbox"/> Carrying Concealed Weapons |
| <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Prostitution | <input type="checkbox"/> Having Weapons While Under Disability |
| <input type="checkbox"/> Abduction | <input type="checkbox"/> Disseminating Matter Harmful to Juveniles | <input type="checkbox"/> Improperly Discharging Firearm at or into Habitation or School |
| <input type="checkbox"/> Child Stealing | <input type="checkbox"/> Pandering Obscenity | <input type="checkbox"/> Corrupting Another with Drugs |
| <input type="checkbox"/> Criminal Child Enticement | <input type="checkbox"/> Pandering Obscenity Involving a Minor | <input type="checkbox"/> Drug Trafficking |
| <input type="checkbox"/> Rape | <input type="checkbox"/> Pandering Sexually Oriented Material Involving a Minor | <input type="checkbox"/> Alteration of Food |
| <input type="checkbox"/> Sexual Battery | | |

Sign only if any of the above is checked _____

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

LEGAL QUESTIONS-HAVE YOU EVER... (Each question MUST be answered by placing an X in the appropriate box)
(Signature required below)

YES NO

- Been convicted of, found guilty of, pled guilty to, or pled no contest to any misdemeanor other than a traffic offense?
- Been convicted of, found guilty of, pled guilty to, or pled no contest to any felony?
- Had a criminal conviction sealed or expunged?
- Had ANY professional certificate, license, or permit, or an application for same, revoked, suspended, limited, or denied?
- Surrendered ANY certificate, license, or permit, other than a driver's license?

* Attach an explanation for any you've answered with a "yes" Signature _____

"I hereby certify that the answers on this application are true and correct to the best of my knowledge and belief and that any deliberate misrepresentation of fact contained herein may be grounds for invalidating contract commitments made to me resulting from this application. I understand that my employment will be subject to the laws of the state of Ohio and to the job descriptions and policies adopted by the Board of Education of the district to which I am applying."

Signature _____

Date _____

Please include the following with this application:

1. Copies of transcripts
2. Copy of a current Treasurer Certificate/License
3. Three letters of reference by professionals who have known you at least a year (not relatives)
4. Current resume and letter of interest

**Return to: James Ritchie, Superintendent
Tri-County ESC
741 Winkler Dr.
Wooster, OH 44691
Phone: 330-345-6771, ext. 232
Fax: 330-345-7622
Email: tesc_jritchie@tccsa.net**

An Equal Opportunity Employer