TRI-COUNTY SCHOOLS APPLICATION

(Administrators, Teachers and Specialists)

741 Winkler Drive, Wooster, Ohio 44691 Phone: 330-345-6771 Fax: 330-345-7622

Website: www.tricountyesc.org

		Date			
	(This application will re	main active for 12 mo	onths; please conta	ect us if you v	vish to renew it)
Name					
	Last	First	Middle	<u> </u>	E-mail address
Other na	mes which may appear on	official documents ((e o maiden)		
Other has	mes when may appear on	official documents ((e.g. marden)	_	
PRESEN	T ADDRESS			TEL. NO.	Area Code & Number
					Area Code & Number
DEDMAN	NENT ADDRESS			TEL. NO.	
ILKWIAI	TENT ADDRESS			<u></u>	Area Code & Number
PRESEN	T POSITION		EMPLOYER		
POSITIO	ON DESIRED (indicate first o	choice, second choice,	ex. 1, 2, 3 etc., for	which you are	qualified)
E	arly Childhood (Pre K-3)		Special Education	on:	
	liddle Childhood (4-9)		Interve		list
A	dolescent-Young Adult (7-12	2)	Interpre	eter	
	Iulti-age		Speech	/Language P	athologist
	uidance Counselor		School	Psychologis	t
	rofessional Administrator (Pa				
	dm. Specialist (type)		-		
	ocational (area)		-		
	chool Health Nurse (School H	ealth Service Provider)	Other		
	onsultant				
DO YOU	HOLD A CURRENT OH	IO LICENSE?	License	Number _	
License T	ype		(i.e. 2yr. Prov., 5	yr Prof., Lead	l, Senior, 8yr Prof., Permaner
License L	evel		Issued When?		Expires
(i.e. Early	Childhood, Middle Childhood,	Adolescent/Young Adu	lt, Multi-Age)		
CONCEN	NTRATION AREA(S) LIS	TED ON LICENSE	2		
(i.e. Math,	Language Arts, Social Studies,	Science)			
TEACHI	NG FIELD and GRADE L	LEVEL (IF MULTI-	AGE _		
(i.e. Health	ı, Phys. Ed., Music, Arts, Forei	gn Language, Gifted)			
OUT OF	STATE LICENSE				

SPECIAL APT			N .	D'	C	. T	1 1		
Art Other Skills:						uter Te			
Advisory (Club	Extracurricular(s): Other								
TRAINING:							_		
	School or In Nan		Course		oma or gree	Semester Hours Credit	Quarter Hours Credit		
High School									
Undergraduate College									
Graduate Work									
Special (Other)									
	TO	TAL HOUR	S (undergradua	ate/graduate)					
• Total hours cre	redit for courses in education: Semester Quarter								
Activities in H	-	College, such	as Speech, Dra	amatics, Club	s, Athletics,	, Special Honors	, etc.		
COLLEGE									
11. MILITARY EXPERIENCE (Branch)			Number of Months						
FODEICN C	ALINITON TO	A X/TET (XX/15	29 W/ban9 II	u Long?)					
2. FOREIGN CO	JUNIKI IKA	AVEL (Where	e: wnen! Hov	v Long!)					

13. WORK EXPERIENCE (Administration, teaching or other than education)	cation
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	Name of School or Institution and Location	Grade/Subjects Taught or Position Held	Dates From-To	No. of years		
		Total number of years of experience	in Education			
14.	Number of days of accumulated sick	leave, if any:				
15.	•					
17.	Have you held a continuing contract in an Ohio school district?					
	If so, name of district:					
first coop refe	hand knowledge of your character, per perating teacher(s) and college profess	ing superintendents and principals under wersonality, scholarship, and teaching ability or(s) familiar with your work. If you have at Office of a College or a University, please file and note this here:	y. If a beginning teach a set of credentials ar	her, include 1d/or		
	Name	Address& Telephone	Official Pos	sition		
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.

Please see the following list of disqualifying crimes: Aggravated Murder Corruption of a Minor Illegal Use of a Minor in Nudity-

Murder Gross Sexual Imposition Oriented Material/Performance

Voluntary Manslaughter Sexual Imposition Aggravated Robbery

Involuntary Manslaughter Importuning Robbery

Felonious Assault Voyeurism Aggravated Burglary

Aggravated Assault Public Indecency Burglary

Assault Felonious Sexual Penetration Abortion Without Informed Consent Failing to Provide for Functionally Compelling Prostitution Endangering Children

Impaired person Promoting Prostitution Domestic Violence
Aggravated Menacing Procuring Procuring Concealed W

Aggravated Menacing Procuring Carrying Concealed Weapons
Patient Abuse or Neglect Prostitution Having Weapons While Under Disability
Kidnapping Disseminating Matter Harmful to Improperly Discharging Firearm at
Abduction Juveniles or into Habitation or School

Child Stealing Pandering Obscenity Corrupting Another with Drugs
Criminal Child Enticement Pandering Obscenity Involving a Minor Drug Trafficking

Rape Pandering Sexually Oriented Alteration of Food

I have read the above list of disqualifying crimes

Sexual Battery Material Involving a Minor

Employee Signature

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.

Employment Provisions (Signature required below)

I understand that due to the length of time required for completion of the criminal background check, it may be necessary to employ a person prior to the Board of Education having received the results of the criminal records investigation. In these cases, the Board of Education shall rely on the information provided in the employment application. However, by signing this document I specifically agree that if I am employed by the Board of Education prior to its receipt of a response from B.C.I., and F.B.I. as my *employment* shall be contingent upon subsequent receipt by the Board of Education of a report from B.C.I. which is consistent with my answer to the above question. In the event I have been employed prior to the Board of Education having received a report from B.C.I., and a subsequent report from B.C.I. and F.B.I. is received which is not consistent with my answer to the above question, I specifically agree that the action of the Board of Education employing me shall be void without any further act by either party, and that my employment will terminate immediately without the necessity of proceedings to formally terminate my contract of employment.

Employee Signature:	Date:
Please indicate your preference of Schools: (X)	_
All Tri-County Schools (Ashland, Holmes and	Wayne) All Ashland County Schools
All Holmes County Schools	All Wayne County Schools

Mail To: Tri-County ESC Attention: Superintendent 741 Winkler Dr. Wooster, Ohio 44691