

# ROSS - PIKE COUNTY EDUCATIONAL SERVICE DISTRICT

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Phone: 740/289-4171 ■ Fax: 740/289-4542

*PROVIDING EDUCATIONAL SERVICES TO LOCAL SCHOOL DISTRICTS:  
ADENA • HUNTINGTON • PAINT VALLEY • SCIOTO VALLEY (ROSS) • UNION SCIOTO • ZANE TRACE  
EASTERN • WESTERN • SCIOTO VALLEY (PIKE)*

## APPLICATION FOR CERTIFIED POSITION

Name		Social Security No.	
Street Address			
City	State	Zip Code	(Area) Telephone

POSITION APPLYING FOR:
<input type="checkbox"/> FULL TIME <input type="checkbox"/> SUBSTITUTE <input type="checkbox"/> FULL TIME AND/OR SUBSTITUTE

### I. CURRENT CERTIFICATION STATUS

Ohio Certificate: <input type="checkbox"/> Pending <input type="checkbox"/> Temporary <input type="checkbox"/> 4 Year <input type="checkbox"/> 8 Year <input type="checkbox"/> Permanent
Type: <input type="checkbox"/> Primary <input type="checkbox"/> Middle <input type="checkbox"/> K-8 <input type="checkbox"/> 1-8 <input type="checkbox"/> 7-12 <input type="checkbox"/> K or 1-12
Specific Area(s): Art, Music, Reading etc List
Education of Handicapped: DH, SLD, SBH etc List
Grades 7-12: Subjects Certified to Teach
Expiration Dates of Certificates

**AN EQUAL OPPORTUNITY EMPLOYER**

## II. ACADEMIC RECORD

SCHOOL	HIGH	COLLEGE UNDERGRADUATE	COLLEGE GRADUATE	OTHER
CIRCLE HIGHEST YEAR COMPLETED	1, 2, 3, 4	1, 2, 3, 4, 5	1, 2, 3, 4	1, 2, 3, 4,
NAME OF SCHOOL & LOCATION				
MAJOR(S)				
MINORS				
DATES OF ATTENDANCE				
TOTAL SEMESTER HOURS CREDIT*				
CERTIFICATE, DIPLOMA OR DEGREE(S)				

\* Express college credits in semester hours. A "quarter" hour equals 2/3 of a "semester" hour.

**III. EMPLOYMENT EXPERIENCE**

**A. Educational (Most recent first)**

Dates Employed		Name of School or Institution	Address of School	Position or Subject Taught	Immediate Supervisor
To (Mo/Yr)	From (Mo/Yr)				

**B. Enrolled in College Placement Office:**  Yes  No  
 If Yes, where enrolled: College, Mailing Address, etc.

**C. Non-Educational Employment (Include Military)**

Dates Employed		Name of School or Institution	Address of School	Position	Immediate Supervisor
To (Mo/Yr)	From (Mo/Yr)				

#### IV. CO-CURRICULAR ACTIVITIES

Name any co-curricular student activities you have been involved with (H.S./College) and are interested in assisting with and for which you would like to be considered.

#### V. PERSONAL DATA

Have you filed an application with us before?  Yes  No

Have you been employed by any Ross County Schools?  Yes  No

If you are an experienced teacher, under what type contract were you employed?  Limited  Continuing

Are you currently employed under a contract?  Yes  No

Would you provide documentation prior to employment about contract?  Yes  No

Could you come for an interview?  Yes  No When?

When could you begin work? \_\_\_\_\_ May we contact your present employer?  Yes  No

In what system did you do your student teaching?

Supervising Teacher \_\_\_\_\_ College Advisor

Are you willing to work in all districts?  Yes  No If no, which would you work in?

Have you been "non-renewed" or asked to resign a position?  Yes  No

Have you had a teaching certificate suspended/revoked?  Yes  No

Have you been a resident of the State of Ohio for the last 5 years?  Yes  No

(If yes please present proof - See attachment A)


Have you been convicted of a felony?  Yes  No

Do you have a certified copy of a criminal records check?  Yes  No

*This district/office has a policy of conducting a criminal records check on all job applicants in accordance with Ohio Law (See Attachment A)*

Have you ever been inoculated for Hepatitis B?  Yes  No

**VI. REFERENCES** (Please provide data of 5 references)

NAME	JOB TITLE	ADDRESS (City, State, Zip)	

**VII. MEDICAL RELATED**

- A. Please attach a copy of your most recent TB test (If you have a reaction to TB testing, please attach a verification).
- B.  Please attach verification of Hepatitis B shots. If you have not had this series of shots please check (✓) box.

I hereby affirm that the statements made in this application are true and accurate. I understand that the references and information provided by me become a part of this official record and shall not be perused or examined by myself or by my surrogates. I grant permission for the release of my transcripts and references to the Ross-Pike County Educational Service District and I hold all involved harmless from related liability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EEO NOTICE TO APPLICANTS:** The Federal and State Laws require that all applicants be considered without regard to race, religion, color, gender, age or national origin. The Ross-Pike County Educational Service District and the local school districts of Ross County fully support the laws and will fulfill our obligations to the fullest extent.

**WAIVER  
CRIMINAL RECORDS CHECK  
ROSS COUNTY EDUCATIONAL SERVICE CENTER**

Senate Bill 38 became a law effective October 29, 1993. It requires criminal records checks of applicants receiving "final consideration" for a position involving the care, custody, or control of children. (Ohio Revised Code 3319.39). The local school districts of Ross and Pike County decided that all applicants for substitute or regular certified positions will be subject to a criminal records check.

An individual may be conditionally employed for a substitute or regular position pending a satisfactory criminal check. If the records check is returned unsatisfactorily, the individual will be released from employment as required by the law. [Ohio Revised Code 3319.39 (B) (2)].

**Please read the following and sign where indicated.**

I hereby authorized the Ross-Pike County Educational Service District to conduct a criminal records check to determine my qualifications under Senate Bill 38 to be employed in the Ross and Pike County Public School System. Furthermore, I understand that such information is confidential and is not public record under Ohio Law and will be retained with my application on file with the Ross-Pike County Educational Service District.

I acknowledge being informed that, as a precondition to employment, in the position that I am applying, I must in accordance with Ohio law both provide a set of fingerprints and satisfactorily pass a criminal records check. I recognize that the cost of a records check will be my responsibility; therefore, a money order or a certified check for \$15.00 payable to Treasurer, State of Ohio will be submitted with my fingerprint card and that, unless I submit the money order or certified check, I will not be considered for employment. In addition, I understand that if I have not been a resident for Ohio for the last five years, I am subject to a Federal Bureau of Investigation records check at a cost of \$24.00. The fees can be combined for one payment.

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

\_\_\_\_\_  
Signature

Date

Note: Fingerprinting will be done by the Ross County Sheriff's Department, 28 North Paint Street, Tuesday 5 - 7 p.m. and Saturday 1 - 3 p.m.

AGENCY #4NP435

**For Office Use Only**

Criminal records check requested from B.C.I.

Criminal records check received from B.C.I.

