



# Tri-County Educational Service Center

## Support Staff Application

741 Winkler Dr., Wooster, OH 44691

Phone: 330/345-6771 – Fax: 330/345-7622

Date \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_\_  
LastFirstMiddleOther names which may appear on official documents (e.g. maiden)

Present Address \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Area Code & Number

Permanent Address \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Area Code & Number

Position Applied For \_\_\_\_\_

Training	School or Institution Name	Course	Diploma Or Degree	Year of Graduation	Dates of Attendance From - To	Total Time Spent (yrs)	Semester Hours Credit
High School							
Jr. College College(s)							
Graduate Work							
Special							

<p><b>Describe Specialized Training, Apprenticeship, skills, and Extra Curricular Activities</b></p>	
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★ An Equal Opportunity Employer

# Employment Experience

(List your employment from your most current to your earliest employment. If needed, use a separate sheet of paper.)

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↓ Dates Employed: ↓

Employer \_\_\_\_\_ Phone \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_ Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

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Employer \_\_\_\_\_ Phone \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_ Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

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Employer \_\_\_\_\_ Phone \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_ Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

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**OTHER LEGAL**

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

**Employee Signature**

Give name, address and phone number of three references not related to you.

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State any additional information you feel may be helpful to us in considering your application.

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