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 remain active for 12 months; please contact us if you wish to renew it)

1. Name ___________________________ Last First Middle E-mail address ___________________________

Other names which may appear on official documents (e.g. maiden) ___________________________

2. PRESENT ADDRESS ___________________________ TEL. NO. ___________________________
                                              Area Code & Number ___________________________

3. PERMANENT ADDRESS ___________________________ TEL. NO. ___________________________
                                               Area Code & Number ___________________________

4. PRESENT POSITION ___________________________ EMPLOYER ___________________________

5. POSITION DESIRED (indicate first choice, second choice, ex. 1, 2, 3 etc., for which you are qualified)
   ____ Early Childhood (Pre K-3)
   ____ Middle Childhood (4-9)
   ____ Adolescent-Young Adult (7-12)
   ____ Multi-age
   ____ Guidance Counselor
   ____ Professional Administrator (Pre K-3, Middle, AYA)
   ____ Adm. Specialist (type)
   ____ Vocational (area)
   ____ School Health Nurse (School Health Service Provider) Other ___________________________
   ____ Consultant

6. DO YOU HOLD A CURRENT OHIO LICENSE? ____ License Number ___________________________
   License Type ___________________________ (i.e. 2yr. Prov., 5yr Prof., Lead, Senior, 8yr Prof., Permanent)
   License Level ___________________________ Issued When? ________ Expires ________
   (i.e. Early Childhood, Middle Childhood, Adolescent/Young Adult, Multi-Age)

   CONCENTRATION AREA(S) LISTED ON LICENSE ___________________________________________
   (i.e. Math, Language Arts, Social Studies, Science)

   TEACHING FIELD and GRADE LEVEL (IF MULTI-AGE) ___________________________________________
   (i.e. Health, Phys. Ed., Music, Arts, Foreign Language, Gifted)

   OUT OF STATE LICENSE ________________________________________________________________
   (State and License incl. subjects listed on licensure)

*An Equal Opportunity Employer
7. **SPECIAL APTITUDES/INTERESTS:**
   Art  ______  Drama  ______  General Music  ______  Piano  ______  Computer  ______  Technology  ______
   Other Skills: ____________________________________________________
   Extracurricular(s): _______________________________________________
   Advisory (Clubs, Councils, etc.) ________________________________ Other _______________________________

8. **TRAINING:**

<table>
<thead>
<tr>
<th>School or Institution Name</th>
<th>Course</th>
<th>Diploma or Degree</th>
<th>Semester Hours Credit</th>
<th>Quarter Hours Credit</th>
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<tbody>
<tr>
<td>High School</td>
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<tr>
<td>Undergraduate College</td>
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<td>Graduate Work</td>
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<td>Special (Other)</td>
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   TOTAL HOURS (undergraduate/graduate)

9. Total hours credit for courses in education: Semester ________________ Quarter _______________

10. Activities in High School and College, such as Speech, Dramatics, Clubs, Athletics, Special Honors, etc.

    HIGH SCHOOL _________________________________________________________
    _________________________________________________________
    _________________________________________________________

    COLLEGE _________________________________________________________
    _________________________________________________________

11. **MILITARY EXPERIENCE** (Branch)  Number of Months

    _________________________________________________________

12. **FOREIGN COUNTRY TRAVEL** (Where? When? How Long?)

    _________________________________________________________

Rev. 4/18/2018
13. **WORK EXPERIENCE** (Administration, teaching or other than education)

<table>
<thead>
<tr>
<th>Name of School or Institution and Location</th>
<th>Grade/Subjects Taught or Position Held</th>
<th>Dates From-To</th>
<th>No. of years</th>
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Total number of years experience in Education

14. Number of days of accumulated sick leave, if any: _______________________________________

15. Present Salary ___________________________ Minimum salary per year you would accept ______________

16. Professional organization(s) in which you hold membership(s)

17. Have you held a continuing contract in an Ohio school district? ___________________________

   If so, name of district: ______________________

**References:** Give five references, including superintendents and principals under whom you have taught, who have first-hand knowledge of your character, personality, scholarship, and teaching ability. If a beginning teacher, include cooperating teacher(s) and college professor(s) familiar with your work. If you have a set of credentials and/or references on file at the Teacher Placement Office of a College or a University, please request that these be sent to our office to be included with your application file and note this here: __________________________

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<tr>
<th>Name</th>
<th>Address&amp; Telephone</th>
<th>Official Position</th>
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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-Oriented Material/Performance
- Murder
- Gross Sexual Imposition
- Aggravated Robbery
- Voluntary Manslaughter
- Sexual Imposition
- Robbery
- Involuntary Manslaughter
- Importuning
- Aggravated Burglary
- Felonious Assault
- Voyeurism
- Burglary
- Assault
- Public Indecency
- Abortion Without Informed Consent
- Failing to Provide for Functionally Impaired person
- Felonious Sexual Penetration
- Endangering Children
- Aggravated Menacing
- Compelling Prostitution
-Carrying Concealed Weapons
- Aggravated Robbery
- Procuring
- Terrorizing
- Aggravated Burglary
- Sexual Imposition
- Aggravated Assault
- Sexual Imposition
- Abduction
- Public Indecency
- Orienting a Minor
- Failing to Provide for Functionally Compelling Prostitution
- Patient Abuse or Neglect
- Unsuiting
- Prostitution
- Prostitution
- Kidnapping
- Disseminating Matter Harmful to Juveniles
- Prostitution
- Abduction
- Pandering Obscenity
- Disseminating Matter Harmful to Juveniles
- Child Stealing
- Pandering Obscenity Involving a Minor
- Alteration of Food
- Criminal Child Enticement
- Pandering Sexually Oriented
- Pandering Obscenity Involving a Minor
- Rape
- Material Involving a Minor
- Pandering Sexually Oriented
- Sexual Battery

I have read the above list of disqualifying crimes

Employee Signature

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 Superintendent
741 Winkler Dr.
Wooster, Ohio 44691