

Tri-County Educational Service Center

Certified Application

741 Winkler Drive, Wooster, Ohio 44691
Phone: 330-345-6771 Fax: 330-345-7622
(Available at our website: www.tricountyesc.org)

Date: _____

Name: _____
Last Name, First Name, Middle Name *E-mail address*

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

Present Address: _____ Phone No.: _____

Permanent Address: _____ Phone No.: _____

Present Position: _____ Employer: _____

Position Desired (*indicate first choice, second choice, ex. 1, 2, 3 etc., for which you are qualified*)

_____ Primary (P-5)	_____ Intervention Specialist
_____ Early Childhood Intervention Specialist (P-3)	(Type) _____
_____ Primary Intervention Specialist (P-5)	_____ Pupil Services
_____ Middle Childhood (4-9)	(Type) _____
_____ Adolescent to Young Adult (7-12)	_____ Career Technical
_____ Multi-Age (P-12)	(Type) _____
_____ Principal	_____ Other

Do You Hold a Current Ohio License? _____ Educator State ID: _____

License Type: _____ (*i.e. 2yr. Prov., 5yr Prof., Lead, Senior, 8yr Prof., Perm.*)

License Level: _____ (*i.e. Primary, Middle Childhood, AYA, Multi-Age*)

Issue Date: _____ Expires: _____

Concentration Area(s) Listed on License: _____
(*i.e. Mathematics, Language Arts and Reading, Social Studies, Science*)

Teaching Field and Grade Level (If Multi-Age): _____
(*i.e. Health, Phys. Ed., Music, Visual Art, Foreign Language*)

Out of State License: _____
(*State and License including subjects listed on licensure*)

Education:	School or Institution Name	Diploma, GED, or Degree	Semester Credit Hours	Quarter Credit Hours
High School				
Undergraduate College				
Graduate Work				
Special (Other)				
TOTAL HOURS (undergraduate/graduate)				

Total credit hours for courses in education: Semester: _____ Quarter: _____

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

High School _____

College _____

Military Experience (Branch)	Number of Months

Employment Experience (Administration or teaching)

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			

Number of days of accumulated sick leave, if any: _____

Present Salary: _____ Minimum salary per year you would accept: _____

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

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 it here: _____

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Official Position</u>
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 3319.39 and Section 109.572, Revised Code.

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

"I understand and affirm that my electronic signature is the valid, legal equivalent of my handwritten signature, and that I am bound by my electronic signature in the same manner as my manual signature."



Employee Signature

Date

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

*** An Equal Opportunity Employer**