

ARCADIA LOCAL SCHOOL DISTRICT

19033 S.R. 12
Arcadia, OH 44804
Telephone: 419-894-6431



Home of the "Redskins"

ADMINISTRATIVE APPLICATION

PERSONAL

Last Name	First	Middle
Temporary Address		Phone
City, State, Zip		Business Phone
Permanent Address		Phone
City, State, Zip		
When will you be available to begin work? _____		
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, month & year _____ Location _____		
Position desired:		
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Present position:		
Student Enrollment: _____ Number of people responsible to you: _____		
Are you under contract for next year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
College credential are available at:		Phone

NOTE: A current résumé should be included with this application.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

_____ Date

_____ Signature

EDUCATION

Schools	Name and Location of Schools	Dates Attended	Major/Minor	Sem. Hrs.	Subjects/Grade Level on Cert.
College					
College					
High School					
Other					

Type(s) of certification held and expiration date(s): _____

QUALIFICATIONS

In your own handwriting, describe your assets that make you the best qualified candidate:

Handwriting area for qualifications.

ADMINISTRATIVE EXPERIENCES:

I. School/Organization Name	Phone
Address	Employed (Month/Year) From To
Name of Supervisor	
Job Title/Description of Work:	Reason for Leaving:

II. School/Organization Name	Phone
Address	Employed (Month/Year) From To
Name of Supervisor	
Job Title/Description of Work:	Reason for Leaving:

REFERENCES: List superintendents, principals and supervisors who have first-hand knowledge of your character, personality, and teaching/administrative abilities.

1. Name: _____
 Address: _____

 Phone: _____

2. Name: _____
 Address: _____

 Phone: _____

3. Name: _____
 Address: _____

 Phone: _____

ACKNOWLEDGEMENT

- It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from employment at **Arcadia Local School District** if I have been employed.
- I authorize **Arcadia Local School District** to investigate all references and to secure additional information about me, if job-related.
- Such investigation may include credit, driving record, criminal background, including inquiries to the Bureau of Criminal Identification and Investigation (BCI), employment and personal references and other background checks with outcomes acceptable to the Arcadia Board of Education and consistent with Ohio law.
- I hereby release from liability **Arcadia Local School District** and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.
- **Arcadia Local School District** does not discriminate in employment practices and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.
- This application is current for only 90 days. At the conclusion of this time, if I have not heard from **Arcadia Local School District** and still wish to be considered for employment, it will be necessary to complete a new application.
- I understand that, if I am employed as a regular (non-substitute) non-teaching employee, the termination or renewal of my employment will be governed by Ohio Revised Code Sections 3319.081, statutes that apply generally to the employment of non-teaching employees in an Ohio local school district.
- I understand that, if employed, my employment will be subject to and conditioned upon my acceptance of the provisions of Ohio Revised Code Chapter 3309 pertaining to the School Employees Retirement System.
- I understand it is School policy not to refuse to hire a qualified individual with a disability because of the person's need for an accommodation that would be required by the ADA or Ohio law.
- It is also understood that if I am employed prior to the District's receipt of the BCI report and verification of my work experience, my continued employment will be conditioned upon:
 - satisfactory work experience as verified by contacts with former employers; and
 - receipt of a report demonstrating that I am in compliance with the Board of Education's rules and regulations regarding applicant/employee criminal records, including the disclosure of criminal conviction(s) in accordance with federal, state and local requirements.

Applicant Signature: _____

Date: _____

Consistent with law, **Arcadia Local School District** has dedicated itself to providing equal employment opportunities and equal education opportunities to all people regardless of race, age, color, national origin, sex, religion, or disability/handicap.