

SUMMIT EDUCATIONAL SERVICE CENTER

Joseph Iacano, Superintendent
 420 Washington Avenue, Cuyahoga Falls, Ohio 44221
 330-945-5600, Fax 330-945-6222
 summitesc.org

APPLICATION FOR CERTIFICATED POSITION

NAME _____ **DATE** _____
 Last First Middle Initial

ADDRESS _____
 City State Zip

PHONE _____ **ALTERNATE PHONE** _____

SOCIAL SECURITY NUMBER _____ **EMAIL** _____
 Optional Optional

Are you interested in: _____ **Part Time** _____ **Full Time**

Date available for employment: _____

PRESENT POSITION _____
 Position Title & Employer and/or Student Status

Position(s) for which you are applying:

- | | |
|--------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Preschool Teacher | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Supervisor _____ | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Coordinator _____ | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Consultant _____ | <input type="checkbox"/> Special Education Supervisor |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Gifted and Talented |

Are you now under contract with a school system? _____ Yes ___ No

Have you ever been employed under a continuing contract in Ohio? _____ Yes ___ No

If yes to either, indicate the school system _____

PROFESSIONAL DATA

| Type & Grade of Certificate/License | Date Issued | Expiration Date | Certificate/License Number | Grades or Subjects Covered |
|-------------------------------------|-------------|-----------------|----------------------------|----------------------------|
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| | | | | |

EDUCATION

Start with high school and list all colleges attended

| School Name | Location | Major/Curriculum Completed | Cumulative Grade Point Average | Semester Hours Completed | Diploma/Degree |
|-------------|----------|----------------------------|--------------------------------|--------------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

STUDENT TEACHING (if applicable)

| School | Location | Grade and/or Subjects | Cooperating Teacher or University Supervisor |
|--------|----------|-----------------------|----------------------------------------------|
| | | | |
| | | | |
| | | | |

PROFESSIONAL EXPERIENCE IN EDUCATION

Begin with most recent position

| School & Location | Position/Grade and/or Subject | Principal or Superintendent | Number of Years in Position |
|-------------------|-------------------------------|-----------------------------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Present Annual Salary _____

OTHER WORK EXPERIENCE

| Employer, Address, Phone Number | Position | Supervisor | Length of Employment |
|---------------------------------|----------|------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Have you ever been convicted of or entered a plea of guilty or no contest to a felony and/or misdemeanor, other than a minor traffic violation? Yes _____ No _____

If Yes, please explain _____

At the time of actual employment and consistent with Ohio law, verification of the response to this question will be obtained from the Ohio Bureau of Criminal Identification and Investigation and the Federal Bureau of Investigation, if applicable. The verification process will require submission of fingerprints. Information

obtained about the convictions/charges will be evaluated to determine whether the nature of the offense permits or prohibits your employment.

REFERENCES & CREDENTIALS

If an experienced teacher, include superintendents, principals, and supervisors with whom you have taught. Please list most recent first.

| | <u>NAME</u> | <u>ADDRESS</u> | <u>PHONE</u> | <u>POSITION</u> |
|----|-------------|----------------|--------------|-----------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I also understand that I am required to abide by all policies, rules, and regulations of the Board of Governors and administration.

Signature of Applicant (REQUIRED) Date

As an Equal Opportunity Employer, the Summit Educational Service Center will not discriminate in its hiring or practices, terms and conditions of employment because of an individual's race, color, religion, national origin, age, sex, marital status, disability, sexual orientation, gender identity or military status.