Clark County

CLARK COUNTY PUBLIC SCHOOLS

25 West Pleasant Street
Springfield, Ohio 45506
(937) 325-7671

Equal Opportunity Employer

Clark-Shawnee Local
Greenon Local
Northeastern Local

Northwestern Local
Southeastern Local
Tecumseh Local

This application is for support staff positions only.

Name: _____ Date: _____
Last First Middle

Social Security Number:: _____ Telephone: ( ) _____

Present Address: _____
Street/Road Apt. # City Zip Code

Type of position desired (list all): _____

Are you under contract now? _____ Date available to accept position: _____

Have you ever been convicted of a felony? _____

EDUCATIONAL/PROFESSIONAL TRAINING	
Elementary and Location	
High School and Location	
College and Location	
Community College/Bus. Technical	

WORK EXPERIENCE (List most recent first.)	
Business/Position Address Dates Worked	
Business/Position Address Dates Worked	
Business/Position Address Dates Worked	
Business/Position Address Dates Worked	

COMMUNITY SERVICE EXPERIENCE

REFERENCES—List at least two employers or people who know about your preparation and ability to perform the type of work for which you are applying.

	Name/Title	Address	Telephone
1.			
2.			
3.			

I affirm the facts set forth in this application are true and complete, and I understand that false statements or information withheld on this application shall be considered sufficient cause for dismissal. I hereby authorize the release of all information from previous employers, educational institutions, and records to the Clark County Educational Service Center. I also grant permission for a background search by the Clark County Sheriff's Department or any other law enforcement agency deemed necessary (a signature is required for employment consideration).

I voluntarily authorize the Clark County Educational Service Center to contact any references whose names I have submitted. I voluntarily release this School District and any of the persons providing information from any liability or legal claims relating to the use of information obtained.

READ CAREFULLY BEFORE SIGNING
I agree that any claim or lawsuit relating to my service with the Clark County Educational Service Center or any Clark County School District must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature: _____

NOTICE: It is the policy of this District that no candidate for a position in this District shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age, gender, marital status, non-disqualifying disability, height, or other protected categories.

In accordance with Federal law, any person employed by this District must provide evidence that s/he is eligible to work in the United States.