

# APPLICATION FOR OLD FORT LOCAL SCHOOL DISTRICT TREASURER

North Central Ohio Educational Service Center  
928 West Market Street  
Tiffin, OH 44883  
(419) 447-2927



**APPLICATION PROCEDURES:** Please complete this application and return to:

***Ms. Brenda Luhring, Superintendent/CEO***  
***North Central Ohio ESC***  
***via email at***  
***bluhring@ncoesc.org***

1. Please enclose a copy of the following:
  - Completed and signed application form
  - Copy of current license(s) or evidence that one is available (if applicable)
  - Up-to-date resume with listed references and contact information
  - Salary and benefit requirements
  - Any information or material you believe to be relevant to your qualifications for the position
2. After review of the completed application and materials received, interviews will be arranged by invitation only.

## DEMOGRAPHIC INFORMATION:

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Number of months in military? \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Do you have a valid Ohio driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

## EDUCATIONAL PREPARATION & EXPERIENCE:

Name of School and Location	Dates Attended	Sem Hrs.	Degree	Major - Minor
College or University				
College or University				
College or University				
College or University				
Special				
Special				
High School				

**LIST ALL OHIO LICENSES/CERTIFICATES THAT YOU CURRENTLY POSSESS OR FOR WHICH YOU HAVE APPLIED:**

Type	Area(s)	Expiration Date

- Are you currently under contract? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you currently under contract for next year? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If “yes,” is it a multi-year: \_\_\_\_\_ When does your contract expire? \_\_\_\_\_  
 If “yes,” with which district: \_\_\_\_\_  
 If “yes,” what is your current salary? \_\_\_\_\_

- Have you ever been non-renewed, terminated or resigned in lieu of disciplinary action from any educational-related position? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If “yes,” please attach a supplemental document specifying the employer’s name, date and detail of the event(s).

**WORK EXPERIENCE:**

Name and Address of Entity	Inclusive Dates	# of Months	Position Held	Name of Board President, Superintendent or Supervisor	Phone
Does NCOESC or its agents have your permission to contact the above individuals?					___ Yes ___ No
Does NCOESC or its agents have permission to contact your current employer?					___ Yes ___ No

**REFERENCES:** Give the names, addresses, and phone numbers of at least four people who are familiar with your professional ability, personality and character.

<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>
<b>Position:</b>	<b>Email:</b>	
<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>
<b>Position:</b>	<b>Email:</b>	
<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>
<b>Position:</b>	<b>Email:</b>	
<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>
<b>Position:</b>	<b>Email:</b>	
Does NCOESC or its agents have permission to contact your references?		_____ Yes _____ No

*I certify the information in this application is true to the best of my knowledge. I authorize the North Central Ohio Educational Service Center (NCOESC), on behalf of the employing district, to conduct an appropriate reference check which may include former employer(s) as well as the Bureau of Criminal Identification and Investigation (BCII) and Federal Bureau of Investigation (FBI). I authorize NCOESC to perform such background investigations as required by law.*

*Ohio Revised Code (ORC) 3319.39 stipulates any applicant under final consideration for appointment or employment in a position with a board of education as a person "responsible for the care, custody, or control of a child," must submit to a criminal records check conducted by the Bureau of Criminal Identification and Investigation (BCII) and Federal Bureau of Investigation (FBI). The fee for the background investigation is to be paid by the applicant if considered a finalist for the position. Failure to comply will result in the disqualification of the applicant for employment consideration.*

*I understand and agree that if I am employed prior to the receipt of the BCII/FBI report and verification of my work experience, my continued employment will be contingent upon: 1) satisfactory work experience as verified by contacts with my former employers; and 2) receipt of a report demonstrating that I am in compliance with NCOESC Board of Governors and/or employing district rules and regulations (including BCII/FBI reports) regarding applicant/employee records.*

*I attest that the information contained in this application and in my resume is true and complete, and I understand that if it is not, I may be eliminated from consideration for this position. If, after being hired, falsehoods or omissions are discovered in my application or resume, I understand that my employment may be terminated. By affixing my signature, I agree to the conditions listed on this application and if employed, I will tender my resignation of employment should I fail to fulfill these conditions.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date