

MILITARY SERVICE:

Branch

Type of Discharge

Total Years

PROFESSIONAL AND SERVICE ORGANIZATIONS:

List membership in clubs, professional and service organizations (you may exclude memberships which would reveal race, gender, religion, national origin, ancestry, handicap or other protected status):

EXTRA-CURRICULAR ACTIVITIES:

As a student _____

Prepared to direct _____

Hobbies _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

Name/Relationship

Address

Telephone

REFERENCES: (Give the name of three persons not related to you, whom you have known at least one year.)

Name

Address

Business

Phone #

PHYSICAL RECORDS: Do you have any physical limitations that preclude you from performing any work for which you are being considered: No Yes. If yes, please describe: _____

I certify that the facts contained in this application are true and complete and understand that, if employed, falsified statements on this application shall be just cause for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all and release all parties from all liability that may result from furnishing same to you.

NOTE: Applications are considered active for one year from date of receipt. if you wish consideration for the ensuing school year, you should notify the district office to reactivate your application.

Date

Signature

EMAIL ADDRESS: _____

This form has been designed to strictly comply with State and Federal Fair Employment Practice Laws prohibiting employment discrimination. If you are employed, a valid license, official transcripts, criminal records check, proof of citizenship, homeland security form and driver's license will be required.

Position: _____ Board Meeting Hiring Date: _____

You can mail to Poland Bd. Of Ed. at 3030 Dobbins Rd., Poland, Ohio 44514 or scan and email to Dfetherolf@polandschools.org)