



Application for Classified/Coaching Employment

The Ayersville Local School District is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, gender, disability, ancestry, social-economic status, sexual orientation, citizenship, veteran status, genetic information or any other unlawful basis in its educational program, activities, employment policies, or admission policies and practices, as required by law. Qualified applicants who are disabled and require special assistance in responding to an employment announcement should call 419-395-1111, ext. 400.

Name: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ Cell: _____

Position Applying For: _____

Job Preference: Choose One: Full-time _____ Part-time _____

Present Salary: _____ Expected Salary: _____

Have you previously applied for a position with Ayersville Local Schools? Yes _____ No _____

Have you ever been employed by Ayersville Local Schools? Yes _____ No _____

Have you ever been discharged or asked to resign from a job? (If yes, please explain) Yes _____ No _____

When would you be available? _____

Education

High School: _____

College: _____ Major: _____ Degree: _____

College: _____ Major: _____ Degree: _____

College: _____ Major: _____ Degree: _____

Other: _____

Coaching Employment History

Please give accurate, complete full-time and part-time coaching employment information. Start with the most current position. If you held two or more positions with the same employer, or have been employed in two different jobs at the same time, list each separately. Only list coaching experience on this page.

Employer Name		Job Title
Address (street, city, state, zip)		
Phone	Dates (From/To)	Total Years
Supervisor	Hours Per Week	Hourly Pay Rate
Describe Duties		
Reason for Leaving		

Employer Name		Job Title
Address (street, city, state, zip)		
Phone	Dates (From/To)	Total Years
Supervisor	Hours Per Week	Hourly Pay Rate
Describe Duties		
Reason for Leaving		

Employer Name		Job Title
Address (street, city, state, zip)		
Phone	Dates (From/To)	Total Years
Supervisor	Hours Per Week	Hourly Pay Rate
Describe Duties		
Reason for Leaving		

Employment History

Please give accurate, complete full-time and part-time employment information. Start with the most current position. If you held two or more positions with the same employer, or have been employed in two different jobs at the same time, list each separately.

Employer Name		Job Title
Address (street, city, state, zip)		
Phone	Dates (From/To)	Total Years
Supervisor	Hours Per Week	Hourly Pay Rate
Describe Duties		
Reason for Leaving		

Employer Name		Job Title
Address (street, city, state, zip)		
Phone	Dates (From/To)	Total Years
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Reason for Leaving		

Employer Name		Job Title
Address (street, city, state, zip)		
Phone	Dates (From/To)	Total Years
Supervisor	Hours Per Week	Hourly Pay Rate
Describe Duties		
Reason for Leaving		

You must answer each of the following questions. **If you answered YES to any question, attach an explanation to this application. Please include the year of conviction, the nature of the offense, the court where the matter was heard and if the conviction was subsequently sealed or expunged.**

1. Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any misdemeanor other than a traffic offense?
Yes _____ No _____
2. Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any felony?
Yes _____ No _____
3. Have you ever had ANY certificate, license, or permit, or an application for same, revoked, suspended, limited or denied?
Yes _____ No _____
4. Have you ever surrendered ANY certificate, license, or permit?
Yes _____ No _____

Professional References

Name: _____ Position: _____

District/Agency/Company: _____ Phone Number: _____

Name: _____ Position: _____

District/Agency/Company: _____ Phone Number: _____

Name: _____ Position: _____

District/Agency/Company: _____ Phone Number: _____

Notifications

I acknowledge being informed that, as a precondition to employment in the position for which I am applying, I must, in accordance with Ohio Law, provide a set of fingerprints and satisfactorily pass a criminal records check.

I hereby authorize the Ayersville Local Schools to obtain from my former employer all data needed to support this application. I certify that all information on this application is true and complete to the best of my knowledge, and I understand that withholding or falsification of information on this application is grounds of dismissal and a first-degree misdemeanor. **ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.**

Printed Name: _____

Signature: _____ Date: _____

Submit applications to: Ayersville Local School
Beth Hench, Superintendent
28046 Watson Rd. Defiance, OH 43512.