

Old Fort Local Schools Application for an Intervention Specialist Position

Please type or print in black ink.

Date of Application: _____

Personal Information:

First Name: _____ Last Name: _____

E-mail Address: _____ Phone: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Are you under contract with another district?

Yes No

If yes, when does the contract expire?

When are you available for employment?

Have you ever been non-renewed?

Yes No

If yes, please explain why: _____

Educational History:

High School:

School Name:

Location (city, state):

College (list all attended):

School Name:

Location (city, state):

Major course or subject:

Dates Attended (from/to):

Graduated:

Yes No

Degree:

School Name:

Location (city, state):

Major course or subject:

Dates Attended (from/to):

Graduated:

Yes No

Degree:

School Name:

Location (city, state):

Major course or subject:

Dates Attended (from/to):

Graduated:

Yes No

Degree:

School Name:

Location (city, state):

Major course or subject:

Dates Attended (from/to):

Graduated:

Yes No

Degree:

Current School District Information:

Name of district: _____

Job Title: _____

Supervisor's Name: _____

Professional Experience:

Starting with present or most recent, list all previous employers. If more space is required, please continue on a separate sheet. You may attach a resume, but a complete application is required as well.

No. of
Years:

Dates (from/to):

Position Title:

School District/Organization, Address:

Reason for Leaving:

No. of
Years:

Dates (from/to):

Position Title:

School District/Organization, Address:

Reason for Leaving:

No. of
Years:

Dates (from/to):

Position Title:

School District/Organization, Address:

Reason for Leaving:

No. of
Years:

Dates (from/to):

Position Title:

School District/Organization, Address:

Reason for Leaving:

No. of
Years:

Dates (from/to):

Position Title:

School District/Organization, Address:

Reason for Leaving:

No. of
Years:

Dates (from/to):

Position Title:

School District/Organization, Address:

Reason for Leaving:

Why do you believe you are a good candidate for this position?

Identify three of your major strengths and weaknesses:

References:

Please list below the names and address of at persons who can speak of your professional competency and character.

Name/Job Title: _____ Number of Years Known: _____

E-mail Address: _____ Phone: _____

Name/Job Title: _____ Number of Years Known: _____

E-mail Address: _____ Phone: _____

Name/Job Title: _____ Number of Years Known: _____

E-mail Address: _____ Phone: _____

Name/Job Title: _____ Number of Years Known: _____

E-mail Address: _____ Phone: _____

Name/Job Title: _____ Number of Years Known: _____

E-mail Address: _____ Phone: _____

Does the school have your permission to contact the above named persons?

Yes No

Does the school have your permission to contact your current employer?

Yes No

Applicant's Signature:

I certify that the information in this application is true and accurate to the best of my knowledge and belief,

I hereby authorize the Board of Education or its agents to conduct such investigations and to obtain such records (including criminal and credit records) as the Board deems necessary. I understand that giving false or misleading information, either oral or written, may result in denial or termination of my employment.

I understand that the Old Fort Local Board of Education observes a standard of strict confidentiality with regard to information submitted by applicants. However, I understand that Ohio public records laws may mandate disclosure of applicant information by the school district conducting the Director of Special Education and Curriculum search.

Signature of Applicant _____

Date _____

If any of your educational or employment records are under other than the above name, please provide other names.

Non-Discrimination Policy:

It is the policy of the Old Fort Local Board of Education that there shall not be any discrimination on the basis of race, color, national origin, citizenship status, religion, sex, sexual orientation, economic status, age, disability, or genetic information in employment or educational programs and activities. Inquiries concerning the application of Title VI, VII, IX and Section 504 may be directed to the compliance office.

Please submit the completed application, resume, letter of interest, ODE license, and transcripts to MH/HS Principal, Erica Cobb. You may contact the Principal via email at ecobb@oldfortschools.org or by phone at 419-992-4291.