Allen County Educational Service Center

1920 Slabtown Rd. Lima, OH 45801

419-222-1836, Fax: 419.224.0718



EMPLOYMENT APPLICATION FOR ACESC CERTIFIED STAFF

Mr. Steve Arnold, Superintendent

ate:		E-mail Address:		
Last		First		Middle
resent Address:				
Street Addr	ess	City, State, Zip		Phone
ermanent Address:				
different from above) Str	reet Address	City, State, Zip		Phone
Licensure Area:		Mark Type	(License) Ap	olicable
State:	Effective	2 Yr.	License	Elementary Principal
<u> </u>		4 Yr.	Resident	High School Principal
License Type:		5 Yr.		Supervisor
		Pern	nanent	Asst. Superintendent
Date of Availability:				Superintendent
Are you under a current con	tract?			ense:
Experience: (Start with mo	ost recent)	Total Years (1 Ye	ear = minimui	n of 120 days)
Experience: (Start with mo Name of School & Location	ost recent) Grades and/		ear = minimui s of Service	n of 120 days) Administrator, Phone Number
Name of School &				Administrator, Phone
Name of School &				Administrator, Phone
Name of School &				Administrator, Phone
Name of School &				Administrator, Phone
Name of School &				Administrator, Phone
Name of School &	Grades and/	or Subjects Dates	s of Service	Administrator, Phone

<u>Educational History or Training</u>: (Start with high school and list all colleges attended. If you have not graduated, please list degree and date anticipated)

School Name	Location	Major Course of Study	Dates	Degree
High School Attended:				
Colleges/Universities:				

References: List persons who have first-hand knowledge of your professional training, teaching ability/experience, and character. Include any school superintendents, principals, supervisors, or administrators (if no teaching experience, list other references, i.e. student teaching, college professors, etc.).

Name	Complete Address	Telephone	Position

Address of Placement Office where	current credentials may be obtained:				
This application will be placed on	giving any additional information which wou file for consideration when vacancies occur , it will be necessary for you to furnish Allen e.	. It should be comple	ete and accurate in		
As a potential candidate for employment at the Allen County ESC, you are hereby notified that a satisfactory Federal and Ohio criminal records check is a precondition for employment.					
My signature below authorizes the school district to conduct any investigation necessary to determine my qualifications for employment, and authorizes release of information in connection with this application. I certify that I have made true, correct and complete responses on this application, and that to do otherwise is reason not to employ or to discharge if I am employed by any district.					
Cignoture of Applicant		Doto			

Date