

ZANE TRACE LOCAL SCHOOL DISTRICT
Office of the Superintendent
946 State Route 180
Chillicothe, Ohio 45601

APPLICATION FOR SUPPLEMENTAL POSITION

Zane Trace Local School District is an equal opportunity employer and any inquiry on this application is made in good faith and is not intended in any way to discriminate against applicants because of race, color, religion, sex, national origin or handicap.

Supplemental Position (s) applied for: _____

Supplemental Position status (check one): _____ Paid _____ Volunteer

Do you hold a current valid Ohio teaching certificate? _____ Yes _____ No

If yes, expiration date: _____

*****Do you have a current Pupil Activity Permit? _____ Expiration date: _____

*****Do you have a current CPR card? _____ If yes, expiration date: _____

Name: _____ SSN: _____

Address: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

List previous experience in this supplemental area: _____

Have you previously been employed by any school district? _____ Yes _____ No

Position _____ School _____ Date(s) _____

Position _____ School _____ Date(s) _____

Do you have any limitations which prevent you from performing the duties of this position?

_____ YES _____ NO

If yes, please explain _____

AGREEMENT

I authorize investigation of all matters related to this application for employment including any criminal records check. I agree that if, in the school's judgment, misrepresentation, falsification, or omission of information has been made by me or if the results of the school's investigation are unsatisfactory, any offer of employment may be withdrawn or if I am already employed by the school, my employment may be immediately terminated. I understand that if employed by Zane Trace Local Schools, I will abide by all rules and regulations of the school.

Applicant's Signature _____ Date: _____

For District Office Use Only:

Applicant has current pupil validation certification on file? ____ Yes ____ No (if so, expiration date ____)

Applicant has current CPR certification on file? Yes ____ No ____ (if so, expiration date ____)