

APPLICATION FOR
 PROFESSIONAL EMPLOYMENT
Director - Supervisor
Psychologist - Coordinator

Name: _____ Date: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Telephone: (____) _____ Social Security Number: _____

Employment Desired: _____

Terms of Employment: Full-Time Part-Time Substitute

EDUCATIONAL DATA				
TYPE OF TRAINING	INSTITUTION/ADDRESS	DATES ATTENDED	DEGREE	MAJOR
High School				
Undergraduate				
Masters				
Post Masters				

Total Post Masters Semester Hours: _____

EMPLOYMENT DATA					
DATES		EMPLOYER/ADDRESS	SUPERVISOR	POSITION	REASON FOR LEAVING
FROM	TO				

May we contact your present/previous employers? Yes No

PROFESSIONAL REFERENCES			
NAME	TITLE	COMPLETE ADDRESS	TELEPHONE

CERTIFICATIONS HELD		
TYPE	STATE	EXPIRATION DATE

Do you have any impairments for which special accommodations or special conditions need to be provided? If "YES", please explain the impairment, and describe the special accommodations or conditions needed.

Are you currently under contracts? Yes No If "YES", when does it expire? _____
Do you expect your contract to be renewed? Yes No

Do you have any relatives or friends currently working for the Columbiana County Educational Service Center. If "YES", list them and their relationship to you.

Have you previously worked for the Columbiana County Educational Service Center? If "YES", in what capacity?

In order for this application to be considered, you must:

- 1. Submit a resume*
- 2. Submit a copy of your university credentials, including transcripts.*

I hereby authorize the Columbiana County Educational Service Center to inquire and verify information contained in this application, and the Governing Board shall not be liable for any damage which may result from such inquiry. I understand that making any misleading or untruthful statement on this application will constitute sufficient cause for cancellation of any contract in force. If accepted for employment, I agree to participate in a minimum of fifteen clock hours of in-service per year.

I affirm that all of the above information has been given truthfully and to the best of my ability. I also understand that this application and related documents will become a permanent part of the districts personnel records.

Signature: _____ Date: _____