

May we contact your present/previous employers? Yes No

PROFESSIONAL REFERENCES			
NAME	TITLE	COMPLETE ADDRESS	TELEPHONE

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.

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?

Are there other experiences or skills which you feel would especially qualify you for the position you seek?

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 outside the work day 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: _____