

Last Name	First	Initial
Street		
City	State	Zip
Phone Number		
Social Security Number		

Northwest Local School District
2309 Locust Street, S
Canal Fulton, OH 44614
330-854-2291
www.northwest.sparcc.org

Date Available
Position for which you are applying:

CERTIFICATION:

Type	Area	Exp. Date

MILITARY SERVICE (Branch):

PROFESSIONAL EXPERIENCE:

School (starting with most recent)	Grade/ Subject	Supervisor

EDUCATIONAL DATE:

Name of School	Degrees Earned

Total Semester Hours
Social Security Number

SPECIAL INTERESTS:

List any special activities which you are prepared to supervise:

REFERENCES: Please list names, address and phone numbers of at least three persons who are in positions qualifying them to serve as references.

Have you ever been convicted of a crime (felony)? Explain:

Have you ever been granted a continuing contract (tenure) in a school district in Ohio?

NO YES in the school district in county.

STATEMENT: Write a brief sketch stating your teaching or other educational experiences and interests (extra curricular, coaching, recreational, travel, etc.) which would have a bearing upon your qualifications for the position you are seeking. _____

Please request that your professional file be forwarded to the Superintendent, NORTHWEST LOCAL SCHOOLS, 2309 Locust Street, S, Canal Fulton, OH 44614. It is assumed that, as an applicant for a position in this school district, you wish us to obtain pertinent confidential statements from previous employers and/ or references listed. If you agree to authorize us to maintain the confidential status of all materials and statements submitted, please indicate such authorization by signing below.

Signature: _____ Date: _____

Before your name may be submitted to the Board of Education for employment, either as a substitute or as a regular employee, you must complete an Ohio criminal background check and an FBI criminal background check at your expense. Your signature is your agreement to pay the above costs.

Signature: _____ Date: _____

I have truthfully and fully answered all the questions contained in the application forms for employment in this district. I understand and agree that falsification or failure to fully answer any question contained herein is grounds for termination under 3319.16 of the Ohio Revised Code.

If the Board terminates my contract, I knowingly waive any rights I may have under 3319.16 ORC to challenge such termination. Furthermore, it is understood that this application becomes the property of the Northwest Local Board of Education.

Signature: _____ Date: _____

THE NORTHWEST LOCAL BOARD OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER

NON-DISCRIMINATION

The Northwest Local School District affirms that no person shall, on the basis of race, color, national origin, sex and disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity conducted under its auspices. This shall extend to employees therein and to admission thereto. Inquiries concerning the application of this policy may be referred to the Superintendent or designated coordinator. This policy shall prevail in all Board policies concerning school employees and students.