APPLICATION NON-CERTIFIED EMPLOYEE SPENCERVILLE LOCAL SCHOOL DISTRICT

NAME	DATE
ADDRESS	
EMAIL ADDRESS	
TELEPHONE	<u> </u>
POSITION DESIRED	<u> </u>
EDUCATION: High School:	Graduate? Yes No Degree
(Name, Address and Phone Number)	
Bus./Trade:(Name, Address and Phone Number)	Graduate? Yes No Degree
Col./Univ.:(Name, Address and Phone Number)	Graduate? Yes No Degree
Grad./Prof.: (Name, Address and Phone Number)	Graduate? Yes No Degree
PREVIOUS EMPLOYMENT (begin with most rece	ent position)
Firm	Supervisor
Address	Phone Number
Nature of Business	Position(s) Held
Dates of Employment_	Ending Salary
Reason For Leaving	
Firm	
Address	Phone Number
Nature of Business	Position(s) Held
Dates of Employment	Ending Salary
Reason For Leaving	
Firm	
Address	Phone Number
Nature of Business_	Position(s) Held
Dates of Employment	Ending Salary
Reason For Leaving	

REFERENCES:
Please furnish the names and addresses of two people to whom you are \underline{not} related and by whom you have \underline{not} been employed.
NAME/ADDRESS
NAME/ADDRESS_
WILL YOU WILLINGLY COOPERATE WITH THE POLICIES OF THE BOARD AND THE ADMINISTRATION OF SPENCERVILLE SCHOOLS?
WILL YOU WORK FOR THE GOOD OF THE SCHOOL AND THE BEST INTEREST OF THE SCHOOL IN THE COMMUNITY?
I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, EDUCATIONAL, FINANCIAL, OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY FOR AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS, OR PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.
IN THE EVENT I AM EMPLOYED, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE.
Signature of Applicant Date

[&]quot;ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE."