PUTNAM COUNTY EDUCATIONAL SERVICE CENTER
124 Putnam Parkway
Ottawa, Ohio 45875
(419) 523-5951

APPLICATION FOR CERTIFIED STAFF

APPLICANT'S NAME ________________________________

POSITION DESIRED _______________________________________

PERMANENT ADDRESS _______________________________________

PHONE 1 __________________ PHONE 2 _______________________

NOTICE REGARDING BACKGROUND SEARCH: As required by law, if I am
under final consideration for employment, I hereby grant permission for a criminal
background report by the Ohio Bureau of Criminal Identification and Investigation (BCII)
and the Federal Bureau of Investigation (FBI) and for the release of any information
obtained to the administration and board of education of the prospective employing
district. Failure to do so may result in the applicant not being considered for employment.

The applicant can be made responsible for the cost of obtaining these background reports
(currently $60.00 at the Educational Service Center).

APPLICANT'S SIGNATURE ________________________________

DATE ____________________________

The Putnam County Educational Service Center is an Equal Opportunity Employer in compliance
with Title VI of the 1964 Civil Rights Act, Titles VII and IX of The Educational Amendments,
and Section 504 of the Rehabilitation Act, which prohibits discrimination because of RACE,
COLOR, NATIONAL ORIGIN, HANDICAP, (AGE, SEX and/or RELIGION where applicable),
MILITARY STATUS, ANCESTRY in any facet of our operation except where such
discrimination is bona fide, documented business necessity.

Revised 10/2017
COLLEGE EDUCATION

1. **Name of School and Location**

   ______________________________________

   Degree Earned and Date Awarded
   ______________________________________

   Major/Minor _______________ Total Hours _______________
   (semester/quarter hours)

2. **Name of School and Location**

   ______________________________________

   Degree Earned and Date Awarded
   ______________________________________

   Major/Minor _______________ Total Hours _______________
   (semester/quarter hours)

3. **Name of School and Location**

   ______________________________________

   Degree Earned and Date Awarded
   ______________________________________

   Major/Minor _______________ Total Hours _______________
   (semester/quarter hours)

PERSONAL DATA

1. **Certificate/license(s) held**

   ______________________________________

   ______________________________________

   ______________________________________

2. **Military Service**: (From/To) ________________________________

3. **List of Awards/Honors** or any additional information that you would like to call to the screening committee’s attention

   ______________________________________

   ______________________________________

   ______________________________________
EXPERIENCE (List most recent first)

1. Name of School
   ____________________________________________
   Location ______________________________________
   Dates Employed ________________________________
   Position ______________________________________

2. Name of School
   ____________________________________________
   Location ______________________________________
   Dates Employed ________________________________
   Position ______________________________________

3. Name of School
   ____________________________________________
   Location ______________________________________
   Dates Employed ________________________________
   Position ______________________________________

4. Name of School
   ____________________________________________
   Location ______________________________________
   Dates Employed ________________________________
   Position ______________________________________

5. Name of School
   ____________________________________________
   Location ______________________________________
   Dates Employed ________________________________
   Position ______________________________________
REFERENCES: Persons knowledgeable of your qualifications for this position. Include especially administrators under whom you have worked.

1. Name__________________________
   Position__________________________
   Telephone No. ______________________ No. of Years Known ______

2. Name__________________________
   Position__________________________
   Telephone No. ______________________ No. of Years Known ______

3. Name__________________________
   Position__________________________
   Telephone No. ______________________ No. of Years Known ______

PHILOSOPHY OF EDUCATION: In your own words and handwriting, briefly tell how you will be able to assist us to continue our growth of excellence in education.