

### Employee Information

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Last First M.I.

Cell Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Address City State Zip

Email \_\_\_\_\_

Position \_\_\_\_\_ District \_\_\_\_\_ Building \_\_\_\_\_

ODE License # \_\_\_\_\_ Type of License \_\_\_\_\_

**Complete below if all of this information is not included on your resume.**

#### Education

Name of School/College \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree and Date Received \_\_\_\_\_

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#### Professional References

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Email \_\_\_\_\_ Phone # \_\_\_\_\_

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#### Military Service (\*Include a Copy of your DD14)

Dates of Service \_\_\_\_\_ Branch of Service \_\_\_\_\_

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**Prior Work History (beginning with the most recent)**

Employer Name \_\_\_\_\_

Position/Dates Worked \_\_\_\_\_

Supervisor and Phone # \_\_\_\_\_

Employer Name \_\_\_\_\_

Position/Dates Worked \_\_\_\_\_

Supervisor and Phone # \_\_\_\_\_

Employer Name \_\_\_\_\_

Position/Dates Worked \_\_\_\_\_

Supervisor and Phone # \_\_\_\_\_

**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.**

My signature below authorizes the Ashtabula County Educational Service Center to conduct a background investigation and authorizes release of information in connection with my application for employment.

The investigation may include asking my current and any former employer and educational institution I have attended about my education, training, experience, qualifications, job performance, conduct and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I would be rehired, reasons for not rehiring (if applicable), and similar information. I hereby give my consent for any employer, educational institution and/or any other individual to release any information requested in connection with this background investigation.

I understand the provisions of the Family Rights and Privacy Act and authorize the Ashtabula County Educational Service Center to release these materials to educational agencies that may be interested in my application. My signature below authorizes the Ashtabula County Educational Service Center to conduct a background investigation and authorizes the release of information in connection with my application for employment.

Employees of the Ashtabula County Educational Service Center must undergo a criminal background check from the Bureau of Criminal Intelligence and Investigation and the Federal Bureau of Investigation as a condition of employment and until that report is received and reviewed by the District, I am regarded as a conditional employee. An employee who has been convicted of or plead guilty to one or more of the disqualifying offenses enumerated in the Ohio Revised Code (3319.39) may be deemed ineligible to work and immediately released from employment as a result.

I hereby authorize such records check and agree to pay the fee charged by the Bureau of Criminal Intelligence and Investigation and the Federal Bureau of Investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The Ashtabula County Educational Service Center is an equal opportunity employer and as such, consistent with applicable federal and Ohio law, does not discriminate on the base of race, color, religion, gender, age, ancestry, national origin, disability, or handicap.*