



# Benjamin Logan Local School District

4740 CR 26, Bellefontaine, Ohio 43311

Phone: 937-593-9211 Fax: 937-599-4059

Website: [www.benjaminlogan.org](http://www.benjaminlogan.org)

## Employment Application

Name:

\_\_\_\_\_

First

Middle

Last

Address:

\_\_\_\_\_

Street

City

State

Zip Code

\_\_\_\_\_

Phone

Social Security #

Email

### Position Applying For:

#### Classified

- Secretary
- Aide
- Mechanic
- Bus driver
- Food Service
- Custodian
- Nurse

#### Certified

- Teacher
- Guidance

#### Coach (list position/s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Administrative

- Principal
- Director of Administrative Services
- Special Education Supervisor
- Building/Grounds Supervisor
- Transportation Supervisor
- Food Service Supervisor
- Other

### Educational Background:

\_\_\_\_\_

High School

Dates Attended

Course of Study

Date Graduated

\_\_\_\_\_

Career/Technical School

Dates Attended

Course of Study

Date Graduated

\_\_\_\_\_

College

Dates Attended

Course of Study

Date Graduated

\_\_\_\_\_

College

Dates Attended

Course of Study

Date Graduated

### Certification/Licensure:

\_\_\_\_\_

Certificate/License Type & Grade

Certificate/License number

Date Issued

Date Expires

\_\_\_\_\_

Certificate/License Type & Grade

Certificate/License number

Date Issued

Date Expires

\_\_\_\_\_

Certificate/License Type & Grade

Certificate/License number

Date Issued

Date Expires

Note: A copy of your current transcripts and teaching license/certificate must be submitted with this application in order for your application to be considered complete. You may attach additional information that may be helpful in making an employment decision. Your application will remain on file for one year.

If you do not hold an Ohio Certificate and/or License, have you applied for one? \_\_\_\_\_

Are you certified in another state? \_\_\_\_\_ Please indicate which state \_\_\_\_\_

**Employment Background:** (including student teaching)

\_\_\_\_\_  
Dates of Employment      Name/Address of Employer      Reason for leaving      Salary

\_\_\_\_\_  
Dates of Employment      Name/Address of Employer      Reason for leaving      Salary

\_\_\_\_\_  
Dates of Employment      Name/Address of Employer      Reason for leaving      Salary

\_\_\_\_\_  
Dates of Employment      Name/Address of Employer      Reason for leaving      Salary

**Military experience:**

\_\_\_\_\_  
Branch of Service      Date Enlisted      Date Discharged      Term of Enlistment

\_\_\_\_\_  
Total Years      Present Military Affiliations

**References:** List three (3) professional references who are qualified to give information on your qualification for the position in which you are applying.

\_\_\_\_\_  
Name/Title      Phone      Email

\_\_\_\_\_  
Name/Title      Phone      Email

\_\_\_\_\_  
Name/Title      Phone      Email

Have you ever been convicted of a felony? \_\_\_\_\_. If yes, please explain on a separate sheet of paper.

Note: All candidates must complete state and federal criminal background checks.

I certify that the information in the application is true and accurate to the best of my knowledge and belief. I hereby authorize the Benjamin Logan Board of Education or its agents to conduct such investigations and to obtain such records (including criminal records) as the Board deems necessary. I understand that giving false or misleading information, either oral or written, may result in denial or termination of my employment.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

The Benjamin Logan Board of Education does not discriminate on the bases of sex, religion, color, age, national origin, size, handicapping conditions, or race in the educational programs and activities nor in its employment practices.

**"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."**