

Ashland County Community Academy Application

(Administrators, Teachers, and Specialists)

716 Union St.

Ashland, Ohio 44805

Phone: 419-903-0295 Fax: 419-903-0341

Website: www.accaaces.org

Date _____

1. Name _____
Last First Middle

Other names which may appear on official documents (e.g. maiden)

2. Present Address _____

TEL. NO. _____

City _____ Zip _____

3. Permanent Address _____

4. Present Position _____ Employer _____

5. Position Desired:

Special Education:

_____ Middle Childhood (4-9)

_____ Intervention Specialist

_____ Adolescent- Young Adult (7-12)

_____ Licensed Guidance Counselor

_____ Administrator (7-12)

PLEASE READ CAREFULLY:

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.

6. Do you hold a current Ohio License? _____ License Number _____

License Level _____ Issued When? _____ Expires _____
(i.e. Early Childhood, Middle Childhood, Adolescent/Young Adult, Multi-Age)

Concentration Area(s) Listed on License _____

Teaching Field and Grade Level _____

Out of State License _____

7. Skills:

8. Education/Training:

	School/Institution Name	Course/Major	Diploma/Degree	Semester Hours Credit
High School				
Undergraduate College				
Graduate Program				
Alt. Pathway to Teaching (if applicable)				
				Total Hours:

9. Total Hours credit for courses in EDUCATION: Semester _____
Quarter _____

10. Extracurricular Activities in College/Grad School:

11. Current Extracurricular Activities/Community Service:

12. Military Experience

Branch	Number of Months

13. Work Experience (Administration/Teaching/Other than Education)

School/Institution Name/Location	Grade/Subjects Taught or Positions Held	Dates From-To	Number of Years

14. Total number of years in Education _____

15. Present Salary _____

16. Have you held a continuing contract in an Ohio school district?

If so name district: _____

Professional References: (Give four references and include at least one superintendent or principal under whom you have taught, who have first-hand knowledge of your character, personality, scholarship, and teaching/administration ability). If you are a Resident Educator include cooperating teacher (s) and college professors familiar with your work).

Name	Telephone	Official Position
1.		
2.		
3.		
4.		



ACKNOWLEDGEMENT

Applications received by the school district will remain active until December 31 following the date of receipt. Renewal will be made for the ensuing year upon request of the applicant.

A personal interview is required before an applicant can be recommended for hire. Interviews are held only when there is an opening. Do not include letters of recommendation you wish returned, but attach copies instead.

I understand that any omissions on this application may prevent my application from being evaluated. I authorize the school district to obtain information about my criminal records. I authorize all governmental agencies to provide information about my criminal records to the school district. I verify that all information on this employment application is true and complete.

I understand that any misrepresentation, falsification, or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district or for discharge if I have been employed.

I authorize the school district to check my references to obtain information from my prior employers and educational institutions, to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a teaching position. I authorize my listed references, past employers, educational institutions and anyone else who has information about my work history, education qualification or fitness to provide such information to the school district for which I have completed an employment application.

I release the school district and all persons providing information to the school district from any liability whatsoever for obtaining and providing that information regardless of the results.

Signed: _____

Date: _____

READ CAREFULLY

All applications for employment are subject to a criminal records check through the Bureau of Criminal Identification and Investigation and Federal Bureau of Investigation pursuant to the authority of Section 3319.32 and Section 109.57, Revised Code.

Please see the following list of disqualifying crimes:

Aggravated Murder	Corruption of a Minor	Illegal Use of a Minor in Nudity-
Murder	Gross Sexual Imposition	Oriented Material/Performance
Voluntary Manslaughter	Sexual Imposition	Aggravated Robbery
Involuntary Manslaughter	Importuning	Robbery
Felonious Assault	Voyeurism	Aggravated Burglary
Aggravated Assault	Public Indecency	Burglary
Assault	Felonious Sexual Penetration	Abortion Without Informed Consent
Failing to Provide for Functionally	Compelling Prostitution	Endangering Children
Impaired person	Promoting Prostitution	Domestic Violence
Aggravated Menacing	Procuring	Carrying Concealed Weapons
Patient Abuse or Neglect	Prostitution	Having Weapons While Under Disability
Kidnapping	Disseminating Matter Harmful to	Improperly Discharging Firearm at
Abduction	Juveniles	or into Habitation or School
Child Stealing	Pandering Obscenity	Corrupting Another with Drugs
Criminal Child Enticement	Pandering Obscenity Involving a Minor	Drug Trafficking
Rape	Pandering Sexually Oriented	Alteration of Food
Sexual Battery	Material Involving a Minor	

I have read the above list of disqualifying crimes

Employee Signature

Employment Provisions (Signature required below)

I understand that due to the length of time required for completion of the criminal background check, it may be necessary to employ a person prior to the Board of Education having received the results of the criminal records investigation. In these cases, the Board of Education shall rely on the information provided in the employment application. However, by signing this document I specifically agree that if I am employed by the Board of Education prior to its receipt of a response from B.C.I., and F.B.I. as my employment shall be contingent upon subsequent receipt by the Board of Education of a report from B.C.I. which is consistent with my answer to the above question. In the event I have been employed prior to the Board of Education having received a report from B.C.I., and a subsequent report from B.C.I. and F.B.I. is received which is not consistent with my answer to the above question, I specifically agree that the action of the Board of Education employing me shall be void without any further act by either party, and that my employment will terminate immediately without the necessity of proceedings to formally terminate my contract of employment.

Employee Signature: _____ Date: _____

Mail to:
ACCA Superintendent
716 Union St.
Ashland, OH 44805