Green Local Schools

Application for Treasurer

P.O. Box 438

100 Smithie Drive

Smithville, OH 44677

330-669-3921

##### Fax: 330-669-2121

*Website: www.green-local.k12.oh.us*

**Date**

*Please type or print in blue or black ink*

#### 1.

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| --- | --- | --- |
|  |  |  |

Last Name First Name Middle Initial

|  |
| --- |
|  |

Street Address

|  |  |  |
| --- | --- | --- |
|  |  |  |

City State Zip Code

|  |  |
| --- | --- |
|  |  |

Cell Number Home Number

|  |  |
| --- | --- |
|  |  |

Work Number Email Address

2. Present Position

Employer

Are you presently under contract to another school district? Yes No

 If yes, when does the contract expire?

Do we have permission to contact your present employer? Yes No

3. Do you hold a valid Ohio Treasurer’s License? Yes No

License Number

If not, are you eligible for an Ohio Treasurer’s License? Please explain

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**4.** Training:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | School or Institution Name | Course | Diploma or Degree | Year of Graduation | Dates ofAttendanceFrom-To | SemesterHoursCredit | QuarterHoursCredit |
| High School |  |  |  | **Not Required** | **Not Required** |  |  |
| Undergraduate College |  |  |  |  |  |  |  |
| Graduate Work |  |  |  |  |  |  |  |
| Special (Other) |  |  |  |  |  |  |  |
|  **TOTAL HOURS** (undergraduate/graduate**)** |  |  |

**5.** In what professional organization(s) do you hold membership(s)?

Organization How long?

|  |  |
| --- | --- |
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**6.** Work experience

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School or Business and Location | Position Held | DatesFrom-To | No. of years |
|  |  |  |  |
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**7.** Number of days of accumulated sick leave, if any?

**8.** Present Salary Minimum salary per year you would accept

**9.** Have you retired from any state public employee retirement system? Yes No

 If so, date of retirement:

**10.** Have you ever had a contract non-renewed? Yes No

**11.** If yes, please give the position you held and the date of the non-renewal:

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**12.** Why are you looking to make a change from your current position?

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**13. References**: *Give five references, including board members, superintendents, principals or others who have first-hand knowledge of your character, personality, scholarship, and abilities.*

|  |  |  |
| --- | --- | --- |
| Name | Address & Telephone | Official Position |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

 **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.

**Have you ever been convicted of one or more of the following disqualifying crimes (check 🗸if yes)? If so, attach an explanation of what happened.**

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_ 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 |  |

 Sign only if any of the above is checked \_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEGAL QUESTIONS-HAVE YOU EVER…** (Each question MUST be answered by placing an X in the appropriate box)

**(Signature required below)**

**YES NO**

□ □ Been convicted of, found guilty of, pled guilty to, or pled no contest to any misdemeanor other than a traffic offense?

□ □ Been convicted of, found guilty of, pled guilty to, or pled no contest to any felony?

□ □ Had a criminal conviction sealed or expunged?

□ □ Had ANY professional certificate, license, or permit, or an application for same, revoked, suspended, limited, or denied?

□ □ Surrendered ANY certificate, license, or permit, other than a driver’s license?

**\* Attach an explanation for any you’ve answered with a “yes” Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**“I hearby certify that the answers on this application are true and correct to the best of my knowledge and belief and that any deliberate misrepresentation of fact contained herein may be grounds for invalidating contract commitments made to me resulting from this application. I understand that my employment will be subject to the laws of the state of Ohio and to the job descriptions and policies adopted by the Board of Education of the district to which I am applying.”**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Please include the following with this application:**

1. **Copies of transcripts**
2. **Copy of a current Treasurer Certificate/License**
3. **Three letters of reference by professionals who have known you at least a year (not relatives)**
4. **Current resume and letter of interest**

**Return to: Dean Frank, Superintendent**

**Green Local Schools**

**P.O. Box 438
100 Smithie Drive**

**Smithville, OH 44677**

**Phone: 330-669-3921**

**Fax: 330-669-2121**

**Email: gren\_shaffer@tccsa.net**

An Equal Opportunity Employer