

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.

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

4. Training:

	School or	Course	Diploma	Year of	Dates of	Semester	Quarter
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	Institution Name		or Degree	Graduation	Attendance From-To	Hours Credit	Hours Credit
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?

6. Work experience

Name of School or Business and Location	Position Held	Dates From-To	No. of years

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:

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

- 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.

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

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

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Been convicted of, found guilty of, pled guilty to, or pled no contest to any misdemeanor other than a traffic offense? |
| <input type="checkbox"/> | <input type="checkbox"/> | Been convicted of, found guilty of, pled guilty to, or pled no contest to any felony? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had a criminal conviction sealed or expunged? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had ANY professional certificate, license, or permit, or an application for same, revoked, suspended, limited, or denied? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 hereby 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**