

As of October 29, 1993, pursuant to Senate Bill 38, we are informing you of the following:

1. If you are hired for a position with Martins Ferry City Schools, you will be subject to a **National and Ohio** BCII background check.
2. You must provide fingerprint impressions, if you come under final consideration for a position in Martins Ferry City Schools. You will be provided two fingerprint cards, which you will be responsible for having completed at your own expense, (except voluntary aides, whose expense is paid for by the Martins Ferry Board of Education).
3. You are being informed that you will not be hired unless you satisfactorily complete the **National and Ohio** BCII check and have not been convicted of or plead guilty to any of the items listed under #5 below.
4. You further understand that, pursuant to Senate Bill 38, a school district can conditionally employ a person pending the outcome of the person's **National and Ohio** BCII background check. ORC 3319.39 (B) (2). If the results of the background checks indicate that a person is not eligible for the position, in which he or she is employed, the school district will release the person from employment.
5. Senate Bill 38 prohibits a school district from hiring any person, who has been convicted of or plead guilty to any of the following offenses listed in ORC 3319.311.
  - 1) any felony
  - 2) any drug offense that is not a minor misdemeanor
  - 3) any offense of violence
  - 4) any theft offense
  - 5) corruption of a minor (ORC 2907.04)
  - 6) sexual imposition (ORC 2907.06)
  - 7) importuning (ORC 2907.07 (a) or (c))
  - 8) or any substantially comparable offense of a municipal corporation (ORC 3319.39) (b) (3).

I certify that I understand the above information and will abide by such.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date application submitted to Martins Ferry Schools

MARTINS FERRY CITY SCHOOL DISTRICT  
5001 AYERS LIMESTONE ROAD, MARTINS FERRY, OHIO 43935

Office of the  
Superintendent

APPLICATION FOR EMPLOYMENT

Certificated Positions

It is the policy of this District that no candidate for a position in this District shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age, gender, marital status, nondisqualifying disability, height, or other protected categories.

PLEASE PRINT IN INK OR TYPE.

Only completed applications will be processed when vacancies occur.

If you have not been contacted in two years following the date of your application, please contact this office to keep your application active. If you do not contact the central office, your application will become deactivated after twenty-four months

In accordance with Federal law, any person employed by this District must provide evidence that s/he is eligible to work in the United States.

Date \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street City, State Zip

HOME TELEPHONE: ( ) BUSINESS PHONE: ( )

SOCIAL SECURITY # \_\_\_\_\_

POSITION DESIRED:

LEVEL:

\_\_\_\_\_ Full Time

Elementary - Grade \_\_\_\_\_

\_\_\_\_\_ Part Time

Secondary - Subject \_\_\_\_\_

\_\_\_\_\_ Substitute Teacher

\_\_\_\_\_ Tutor

Other areas of specialization - or Certification

\_\_\_\_\_ Teacher

\_\_\_\_\_ Pupil Personnel

\_\_\_\_\_ Nurse

Before being employed you will be required to be fingerprinted and a criminal record check, including B.C.I. and F.B.I., performed at the applicant's expense and shall have complied with the tuberculosis examination required by law.

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FOR OFFICE USE ONLY

Interview Date \_\_\_\_\_

Date application received \_\_\_\_\_

Place of interview \_\_\_\_\_

Date credentials received \_\_\_\_\_

Interviewed by \_\_\_\_\_

Date transcripts received \_\_\_\_\_

Date of Board action for employment \_\_\_\_\_

Position \_\_\_\_\_

First day of service \_\_\_\_\_

Salary \_\_\_\_\_

EDUCATION

List in order

Names and address of Institution (High School and College)	Dates		Degree or Diploma	Major	Minor	Sem. Hours Earned	Date Graduated
	From	To					
H.S.							
Total Sem. Hrs.							

Are you presently employed in the profession? ----- Yes \_\_\_\_\_ No \_\_\_\_\_

What is your present salary? ----- \$ \_\_\_\_\_

When would you be available to work here? \_\_\_\_\_

Have you ever been granted and/or taught under a continuing contract in the State of Ohio ----- Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where and when? \_\_\_\_\_

Have you ever been discharged or requested to resign from a teaching position?----- Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Have you ever been convicted of a crime (felony)? ----- Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Credentials have been sent from: \_\_\_\_\_

PROFESSIONAL EMPLOYMENT HISTORY

List most recent first

Name of School-Location	Dates		Assignment	Number of Years	Size of Unit	Months of Service
	From	To				
Total Yrs of Experience					Total Months	

MILITARY EXPERIENCE

Have you served in the Armed Forces? \_\_\_\_\_ Dates from \_\_\_\_\_ to \_\_\_\_\_

Rank when separated \_\_\_\_\_ Branch \_\_\_\_\_ Total Years \_\_\_\_\_ months \_\_\_\_\_

CERTIFICATION

Name of Ohio Teaching Certificates You Hold	Date Issued	Date of Expiration	Certificate Number	Subjects or Grades Appearing on Certificates

ADULT LEADERSHIP AND PARTICIPATION

Curriculum, Textbook, In-Service and Similar Committees:

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Professional Organizations and Conferences:

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Community Organization:

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Academic Honors and Other Distinctions:

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OTHER WORK EXPERIENCE

List most recent first

Name and address of employer	Dates		Number of Years	Assignment
	From	To		

Attach in your own writing a brief sketch stating your teaching, coaching, or other educational experiences and interests which would have a bearing upon your qualification for the position which you are seeking.

\*\*\*\*\*  
 A personal resume may also be included and/or submitted.

\*\*\*\*\*  
 Interview: Before any applicants are appointed, they will be scheduled for an interview which does not in any way assure the applicant of employment. The initiative of scheduling the interview will be taken by the Martins Ferry City Schools.

\*\*\*\*\*  
 Please attach a copy of your present Ohio Certification, or a copy of certification from another state, if you have applied for Ohio certification.  
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PERSONAL REFERENCES

Please list three persons not related to you who can attest to your character, effectiveness and ability as related to the position for which you are applying.

NAME	ADDRESS	TELEPHONE	OCCUPATION

PROFESSIONAL REFERENCES

Please list three people who know you in a professional relationship and are not related to you. (Example: college professor, principals, superintendents, etc.)

NAME	ADDRESS	BUSINESS TELEPHONE	POSITION

I certify that the information given is true and complete to the best of my knowledge. I further authorize the investigation of all statements contained in this application as may be required in arriving at an employment decision. Any falsification of this information shall be sufficient cause for disqualification or discharge. References and information obtained which become part of this application will become the property of the Board of Education and remain confidential from the applicant. I so indicate the above in the affirmative by my signature.

\_\_\_\_\_ Date Signed

\_\_\_\_\_ Signature of Applicant

I voluntarily authorize the Martins Ferry City School District to contact any references whose names I have submitted. I voluntarily release this School District and any of the persons providing information from any liability or legal claims relating to the use of information obtained.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Witness

\_\_\_\_\_ Date