

MECHANICSBURG EXEMPTED VILLAGE SCHOOLS For Office Use Only

**60 HIGH STREET
MECHANICSBURG, OHIO 43044
(937) 834-2453**

Area of Application

Date of Interview

**Mechanicsburg School District is an
equal opportunity employer.**

**APPLICATION FOR SUPPLEMENTAL CONTRACT
TO BE COMPLETED BY AN INDIVIDUAL NOT ALREADY EMPLOYED
BY THE DISTRICT**

PERSONAL INFORMATION:

Name in Full: _____ Date: _____

Home Address: _____ Phone: _____

City & Zip: _____ Social Security # _____

Email address: _____

Position Applying For: _____

Coaching/Related Experiences.

Please list all experience related to job you are applying for:

Total Years	Where	What
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION:

High School/Trade School/College	Course/Degree	Graduation Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

CURRENT EMPLOYMENT:

Company	Type of Employment	Years Employed
_____	_____	_____

REFERENCES: (Two should be former employers or supervisors. One may be a character reference.)

Name:	Address:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pupil Activity Supervisor Permit **Yes** ___ **No** ___ **Expiration Date** _____

A copy of a BCI and FBI must be submitted with application.

Have you lived continuously in Ohio for the past five years? _____

If you answered "NO", you must submit both a BCI and a FBI fingerprint report.

Have you ever been convicted of a felony: _____

If yes, explain why and where: _____

The Employee hereby accepts employment in the Mechanicsburg Exempted Village School District conditioned upon the completion of a criminal record check which complies with Ohio Revised Code Section 3319.39 and which is otherwise acceptable to the Board of Education of such District. If the criminal record check should fail to comply with O.R.C.3319.39 or be unacceptable to the Board of Education for any reason, the Employee understands and agrees that Employee may be released from employment without any type of hearing or other termination procedures, which are hereby expressly waived.

I certify that the information contained in this application is true. I realize that false information may be grounds for dismissal of any contract issued.

I understand that it is my responsibility to obtain the proper State Certification and training for this position.

Date _____

Applicant's Signature

SUPLCTR