

# Clerical Application for Auglaize County Educational Service Center

Application Date: \_\_\_\_\_

Received in Office: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_

I am applying for: (check all that apply) Full-time position \_\_\_\_\_, Part-time position \_\_\_\_\_  
 Secretary \_\_\_\_\_, Administrative Assistant \_\_\_\_\_  
 Payroll (includes accounting) \_\_\_\_\_, Treasurer \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

NAME: \_\_\_\_\_ S. S. Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

City/State//Zip: \_\_\_\_\_ Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**Professional Preparation:** (Name & location)

High School \_\_\_\_\_ Diploma Year: \_\_\_\_\_

Special Training \_\_\_\_\_ Yr./Degree: \_\_\_\_\_

Associate/Bachelors Degree \_\_\_\_\_ Yr./Major: \_\_\_\_\_

**Work Experience:** (List chronologically with most recent experience first.)

Employer Name & Address: _____	Phone: _____	Position/Duties Performed _____	Employment Dates From: _____ To: _____
Employer Name & Address: _____	Phone: _____	Position/Duties Performed _____	Employment Dates From: _____ To: _____
Employer Name & Address: _____	Phone: _____	Position/Duties Performed _____	Employment Dates From: _____ To: _____
Employer Name & Address: _____	Phone: _____	Position/Duties Performed _____	Employment Dates From: _____ To: _____

List other names (maiden/divorced) that employers/schools may have listed for you: \_\_\_\_\_

During the past year, how many days were you absent from work or school due to illness? \_\_\_\_\_

Do you have any conditions that require accommodations? \_\_\_\_\_ If yes, please describe.

**Computer Training & Experience:**

Type of Computer (please circle):      Windows XP/ 7/ 8/ 10      Mac OSX

List programs that you are proficient in: \_\_\_\_\_

List programs that you have some knowledge of, but may not be proficient in: \_\_\_\_\_

(Continued)

Have you been fingerprinted for FBI and BCI within the last 365 days? \_\_\_\_\_ If yes, please submit to office. If not, please see the office secretary for further information.

**Professional References:** (List persons who have first-hand knowledge of your work experience and/or character. Especially include persons that know of your experience working in an office setting.)

Name: _____ Business/ School: _____ Street Address: _____	Daytime Phone: _____ Position: _____ City/State/Zip: _____
Name: _____ Business/ School: _____ Street Address: _____	Daytime Phone: _____ Position: _____ City/State/Zip: _____
Name: _____ Business/ School: _____ Street Address: _____	Daytime Phone: _____ Position: _____ City/State/Zip: _____
Name: _____ Business/ School: _____ Street Address: _____	Daytime Phone: _____ Position: _____ City/State/Zip: _____

Do we have your permission to contact your references? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please give any additional information which will assist us in arriving at a realistic appraisal of your qualifications.

In accordance with Ohio law, I understand that I must both provide a set of fingerprints and satisfactorily pass a criminal records check as a precondition to employment. If the records check should prove to be unacceptable to the Board of Education, I understand that my employment/application may be terminated without any type of hearing or statement of reasons for such action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that any misrepresentation, falsification, or omission will be sufficient cause for denial or discharge of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><u>A complete application folder consists of:</u></p> <ol style="list-style-type: none"> <li>1. Signed application form.</li> <li>2. FBI and BCI fingerprint reports needed before employed.</li> <li>3. You may be required to take a typing test, if applicable.</li> </ol>	<p><u>Please return information to:</u></p> <p>Auglaize County Educational Service Center 1045 Dearbaugh Ave., Suite 2 Wapakoneta, OH 45895 Phone: (419) 738-3422 FAX: (419) 738-1267</p>
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**NOTE: Applications will be kept on file for two years.** Please advise office of change in employment or address.

Auglaize County Schools is an Equal Opportunity Employer and does not discriminate with regard to race, color, religion, national origin, gender, age, military status, ancestry, or handicapped status. Information is solely to determine the applicant's ability to perform job satisfactorily.