

## Teacher Aide Application for Special Education Units Auglaize County Educational Service Center

Application Date: \_\_\_\_\_ Date Received in ESC Office: \_\_\_\_\_

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

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

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

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

I am applying for (check all that apply):  
 Bus Driver \_\_\_\_\_  
 Sub Bus Driver \_\_\_\_\_  
 Alternative Room Coordinator \_\_\_\_\_  
 Substitute teacher aide position \_\_\_\_\_ (see note below)  
 Permanent Preschool teacher aide position \_\_\_\_\_  
 Permanent Handicap teacher aide position \_\_\_\_\_  
 Other (please explain): \_\_\_\_\_

*Note: Substitute teacher aides are hired for the county preschool and special education handicap units. Most of these units are located in Wapakoneta. There are also units located in New Bremen, Minster, New Knoxville, and St. Marys. Directions to the unit(s) will be given when you are called for duty.*

If applicable, please list days of the week that you are NOT available to substitute: \_\_\_\_\_

Have you ever had a FBI/BCI fingerprint report done? \_\_\_\_\_ If yes, please submit to office. If your FBI report is over 5 years old you will need to have a new one completed. Please see office secretary.

Do you have a current educational aide permit from the Ohio Department of Education? \_\_\_\_\_ If yes, please submit to office. If not, you will need to complete the ODE application. Please see the secretary for further information.

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

High School \_\_\_\_\_

Special Training \_\_\_\_\_

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

<b>Employer Name &amp; Address:</b> <b>Phone:</b>   <b>Employer Name &amp; Address:</b> <b>Phone:</b>	<b>Position/Duties Performed</b>   <b>Position/Duties Performed</b>	<b>Employment Dates</b> <b>From:</b>  <b>To:</b>  <b>Employment Dates</b> <b>From:</b>  <b>To:</b>
--	--	--

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

List experiences where you have worked with children (e.g., school, home, community, camp, church, etc.):

(continued)

Do you have any restrictions when performing a two-man lift to assist students in and out of wheelchairs? \_\_\_\_\_ If yes, please explain.

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

**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 with children.)

<b>Name:</b>	<b>Daytime Phone:</b>
<b>Business/ School:</b>	<b>Position:</b>
<b>Street Address:</b>	<b>City/State/Zip:</b>
<b>Name:</b>	<b>Daytime Phone:</b>
<b>Business/ School:</b>	<b>Position:</b>
<b>Street Address:</b>	<b>City/State/Zip:</b>
<b>Name:</b>	<b>Daytime Phone:</b>
<b>Business/ School:</b>	<b>Position:</b>
<b>Street Address:</b>	<b>City/State/Zip:</b>
<b>Name:</b>	<b>Daytime Phone:</b>
<b>Business/ School:</b>	<b>Position:</b>
<b>Street Address:</b>	<b>City/State/Zip:</b>

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: \_\_\_\_\_

(continued)

<u>A complete application folder consists of:</u> (Job Dependent) 1. Signed application form.	<u>Please return information to:</u> Auglaize County Educational Service Center
--	--

2. FBI and BCI fingerprint reports before employed
3. ODE educational aide permit needed before employed
4. Bus Driver license before employed (if applicable)

1045 Dearbaugh Ave., Suite 2  
Wapakoneta, OH 45895  
Phone: (419) 738-3422  
FAX: (419) 738-1267

---

**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.