

**Allen County Educational Service Center**

1920 Slabtown Rd.  
Lima, OH 45801  
419-222-1836, Fax: 419.224.0718



**EMPLOYMENT APPLICATION FOR ACESC CERTIFIED STAFF Mr. Craig Kupferberg, Superintendent**

Date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street Address City, State, Zip Phone

Permanent Address: \_\_\_\_\_  
(If different from above) Street Address City, State, Zip Phone

<p><b><u>Licensure Area:</u></b></p> <p>State: _____ Effective _____</p> <p>License Type: _____</p> <p>Date of Availability: _____</p> <p>Are you under a current contract? _____</p>	<p><b>Mark Type (License) Applicable</b></p> <table style="width: 100%; border: none;"> <tr> <td>____ 2 Yr. License</td> <td>____ Elementary Principal</td> </tr> <tr> <td>____ 4 Yr. Resident</td> <td>____ High School Principal</td> </tr> <tr> <td>____ 5 Yr.</td> <td>____ Supervisor</td> </tr> <tr> <td>____ Permanent</td> <td>____ Asst. Superintendent</td> </tr> <tr> <td></td> <td>____ Superintendent</td> </tr> </table> <p>Grades or Subjects on License: _____</p> <p>_____</p>	____ 2 Yr. License	____ Elementary Principal	____ 4 Yr. Resident	____ High School Principal	____ 5 Yr.	____ Supervisor	____ Permanent	____ Asst. Superintendent		____ Superintendent
____ 2 Yr. License	____ Elementary Principal										
____ 4 Yr. Resident	____ High School Principal										
____ 5 Yr.	____ Supervisor										
____ Permanent	____ Asst. Superintendent										
	____ Superintendent										

<b>Experience: (Start with most recent)</b>	<b>Total Years (1 Year = minimum of 120 days)</b> _____		
<b>Name of School &amp; Location</b>	<b>Grades and/or Subjects</b>	<b>Dates of Service</b>	<b>Administrator, Phone Number</b>

**Have you ever been granted a continuing contract in a school district in Ohio?**  
 \_\_\_\_\_ No \_\_\_\_\_ Yes If Yes, Name of School District \_\_\_\_\_ County \_\_\_\_\_

**Educational History or Training:** (Start with high school and list all colleges attended. If you have not graduated, please list degree and date anticipated)

School Name	Location	Major Course of Study	Dates	Degree
High School Attended:				
Colleges/Universities:				

**References:** List persons who have first-hand knowledge of your professional training, teaching ability/experience, and character. Include any school superintendents, principals, supervisors, or administrators (if no teaching experience, list other references, i.e. student teaching, college professors, etc.).

Name	Complete Address	Telephone	Position

Address of Placement Office where current credentials may be obtained:

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You may attach a separate sheet giving any additional information which would help evaluate you for this position. This application will be placed on file for consideration when vacancies occur. It should be complete and accurate in every detail. If you are employed, it will be necessary for you to furnish Allen County ESC with an original transcript and your original certificate/license.

As a potential candidate for employment at the Allen County ESC, you are hereby notified that a satisfactory Federal and Ohio criminal records check is a precondition for employment.

My signature below authorizes the school district to conduct any investigation necessary to determine my qualifications for employment, and authorizes release of information in connection with this application. I certify that I have made true, correct and complete responses on this application, and that to do otherwise is reason not to employ or to discharge if I am employed by any district.

**ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.**

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Signature of Applicant

Date