SOUTHEASTERN LOCAL SCHOOLS

226 Clifton Road
South Charleston, OH 45368
(937) 462-8388

Equal Opportunity Employer

This application is for support staff positions only.

Name:_____ Date: _____
Last First Middle

Social Security Number:_____ Telephone: ( ) _____

Present Address: _____
Street/Road Apt. # City Zip Code

Type of position desired (list all): _____

Are you under contract now?_____ Date available to accept position: _____

EDUCATIONAL/PROFESSIONAL TRAINING

Elementary and Location	
High School and Location	
College and Location	
Community College/Bus. Technical	

WORK EXPERIENCE (List most recent first.)

Business/Position Address Dates Worked	
Business/Position Address Dates Worked	
Business/Position Address Dates Worked	
Business/Position Address Dates Worked	

COMMUNITY SERVICE EXPERIENCE

REFERENCES—List at least two employers or people who know about your preparation and ability to perform the type of work for which you are applying.

	Name/Title	Address	Telephone
1.			
2.			
3.			

I affirm the facts set forth in this application are true and complete, and I understand that false statements or information withheld on this application shall be considered sufficient cause for dismissal. I hereby authorize the release of all information from previous employers, educational institutions, and records to the Southeastern Local School District. I also grant permission for a background search by the Clark County Sheriff's Department or any other law enforcement agency deemed necessary (a signature is required for employment consideration).

I voluntarily authorize the Southeastern Local 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.

READ CAREFULLY BEFORE SIGNING
I agree that any claim or lawsuit relating to my service with the Southeastern Local School District must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature: _____

Signature: _____

NOTICE: The Board of Education does not discriminate on the basis of race, color, national origin, sex (including sexual orientation and transgender identity), disability, age, religion, military status, ancestry, genetic information (collectively, "Protected Classes"), or any other legally protected category, in its programs and activities, including employment opportunities.

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.

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." (R.C.3319.319.)