



SEARCH CONDUCTED BY:



2080 CITYGATE DRIVE • COLUMBUS, OHIO 43219

PH: 614.445.3750 • WWW.ESCOFCENTRALOHIO.ORG • EOE

Dear Applicant:

Thank you for your interest in the Big Walnut Local School District. **Please follow the directions below to submit your application for the position of Treasurer.** Your cooperation is appreciated.

1. Deadline: January 1, 2010

**Mail Application To:**

Big Walnut Treasurer Search  
attn: Dr. Ralph Johnson, Director for Leadership  
Educational Service Center of Central Ohio  
2080 Citygate Drive • Columbus, OH 43219

614.301.5639 / ralph.johnson@escoco.org

2. Please submit **only** the following documents with this application. *Please do not send separately:*
  - Cover Letter
  - License(s) (Photocopies)
  - Original Transcript(s)
  - Resume
  - Names and phone numbers of five (5) references we may contact

If you are requesting confirmation that your application was received, you must include a self-addressed, stamped postcard.

**Do not send:** Fingerprint/Background check, photographs, TB skin test results, credentials, evaluation, video/cassette tapes and multi-pages of information.

3. **Save** this cover letter for your reference. Please do not return it with your application.



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of Central Ohio

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<b>For Office Use Only</b>
Int. Date: _____
Int. By: _____
Step: _____

## APPLICATION FOR BIG WALNUT TREASURER

*It is the policy of this School District that no candidate for a position in this District shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age, gender, marital status, nondisqualifying disability, height, or other protected categories.*

**PLEASE PRINT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PERMANENT ADDRESS (IF DIFFERENT): \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PRESENT SALARY: \_\_\_\_\_ EXPECTED SALARY: \_\_\_\_\_

ARE YOU PRESENTLY UNDER A CONTRACT?      YES      NO

IF YES, NAME OF ORGANIZATION: \_\_\_\_\_

### LICENSURE INFORMATION

ARE YOU CURRENTLY LICENSED IN OHIO FOR THE POSITION APPLIED FOR (I.E. TREASURER, PRINCIPAL, BUSINESS MANAGER, MBA OR CPA)?

YES      NO

IF YES:

NUMBER \_\_\_\_\_ TYPE \_\_\_\_\_ AREAS \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NUMBER \_\_\_\_\_ TYPE \_\_\_\_\_ AREAS \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NUMBER \_\_\_\_\_ TYPE \_\_\_\_\_ AREAS \_\_\_\_\_ EXP. DATE \_\_\_\_\_

OTHER \_\_\_\_\_

HAVE YOU EVER BEEN ASKED TO RESIGN, NON-RENEWED OR INVOLVED IN A TERMINATION PROCEDURE? (IF YES, PLEASE EXPLAIN) \_\_\_\_\_

\_\_\_\_\_

**PERSONAL DATA**

LIST PROFESSIONAL ACTIVITIES: \_\_\_\_\_

HONORS OR AWARDS: \_\_\_\_\_

ANY ADDITIONAL INFORMATION/FACTS THAT WILL SUPPLEMENT YOUR QUALIFICATIONS: \_\_\_\_\_

**PROFESSIONAL PREPARATION**

	<b>INSTITUTION/LOCATION</b>	<b>MAJOR/MINOR</b>	<b>DEGREE</b>
<b>UNDERGRADUATE</b>			
<b>GRADUATE</b>			

Copies of your transcripts must be included to process your application.

**EMPLOYMENT HISTORY**

LIST EXPERIENCE STARTING WITH YOUR CURRENT POSITION. INCLUDE ALL CONTRACTED POSITIONS YOU HAVE HELD AS AN ADMINISTRATOR. IN OHIO, 120 OR MORE DAYS EXPERIENCE IN THE SAME SCHOOL YEAR EQUALS ONE YEAR.

Employer		Job Title	
Address (street, city, state, zip)			
HR Contact Person / Phone		Date (from/to)	Total Years
Reason for leaving		Number of Employees Supervised	

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Address (street, city, state, zip)			
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Address (street, city, state, zip)		
Phone	Date (from/to)	Total Years
Reason for leaving		Number of Employees Supervised

**MILITARY EXPERIENCE**

BRANCH OF SERVICE: \_\_\_\_\_ YEARS (FROM/TO): \_\_\_\_\_

**PERSONAL INFORMATION**

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS**

I ACKNOWLEDGE BEING INFORMED THAT, AS A PRECONDITION TO EMPLOYMENT IN THE POSITION FOR WHICH I AM APPLYING, I MUST IN ACCORDANCE WITH OHIO LAW BOTH PROVIDE A SET OF FINGERPRINTS, PASS A TUBERCULOSIS SCREENING AND SATISFACTORILY PASS A CRIMINAL RECORDS CHECK IF I COME UNDER FINAL CONSIDERATION FOR EMPLOYMENT.

I HEREBY AUTHORIZE THE EDUCATIONAL SERVICE CENTER OF CENTRAL OHIO TO OBTAIN FROM MY FORMER EMPLOYERS ALL DATA NEEDED TO SUPPORT THIS APPLICATION.

I REPRESENT THAT ALL INFORMATION FURNISHED IN CONNECTION WITH THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER RECOGNIZE THAT, SHOULD THE EMPLOYER DISCOVER THAT I HAVE FALSIFIED ANY SUCH INFORMATION, I WILL NOT BE HIRED OR, IF ALREADY HIRED, WILL BE SUBJECT TO TERMINATION FROM EMPLOYMENT ON THAT GROUND.

1. HAVE YOU EVER BEEN CONVICTED OF, FOUND GUILTY OF, OR PLED GUILTY TO ANY MISDEMEANOR OTHER THAN TRAFFIC OFFENSES?    Yes    No

IF YES, PLEASE EXPLAIN:

2. HAVE YOU EVER BEEN CONVICTED OF, FOUND GUILTY OF, OR PLED GUILTY TO ANY FELONY?    Yes    No

IF YES, PLEASE EXPLAIN:

3. HAVE YOU EVER HAD A CRIMINAL CONVICTION SEALED OR EXPUNGED?    Yes    No

IF YES, PLEASE EXPLAIN:

4. HAVE YOU EVER HAD A CERTIFICATE/LICENSE LIMITED, SUSPENDED OR REVOKED?    Yes    No

IF YES, PLEASE EXPLAIN:

5. HAVE YOU EVER SURRENDERED A CERTIFICATE, LICENSE OR PERMIT?    Yes    No

IF YES, PLEASE EXPLAIN:

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**REFERENCES**

1. NAME _____	POSITION _____
DISTRICT/AGENCY/COMPANY _____	PHONE _____
2. NAME _____	POSITION _____
DISTRICT/AGENCY/COMPANY _____	PHONE _____
3. NAME _____	POSITION _____
DISTRICT/AGENCY/COMPANY _____	PHONE _____
4. NAME _____	POSITION _____
DISTRICT/AGENCY/COMPANY _____	PHONE _____
5. NAME _____	POSITION _____
DISTRICT/AGENCY/COMPANY _____	PHONE _____

MAY WE CONTACT YOUR PRESENT EMPLOYER?    Yes    No

**IN YOUR OWN HANDWRITING, PLEASE RESPOND TO THE FOLLOWING QUESTIONS** (YOU MAY USE A SEPARATE SHEET OF PAPER IF NEEDED)

WHY DO YOU BELIEVE YOU ARE A STRONG CANDIDATE FOR THIS POSITION (I.E., YOUR STRENGTHS, CONTRIBUTIONS, ETC.)?

WHAT PHILOSOPHY DO YOU EMPLOY TO BUILD AND MANAGE A BUDGET?

WHAT WAS YOUR MOST CHALLENGING ISSUE AS A LEADER AND HOW DID YOU RESOLVE IT?