



**APPLICATION FOR SUPPLEMENTAL POSITION**

Westfall Local School District is an equal opportunity employer and any inquiry on this application is made in good faith and is not intended in any way to discriminate against applicants because of race, color, religion, sex, national origin or handicap.

Supplemental Position(s) Applied For: \_\_\_\_\_

Supplemental Position Status (check one): \_\_\_\_\_ Paid \_\_\_\_\_ Volunteer

Do you hold a current valid Ohio teaching certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, expiration date: \_\_\_\_\_

Do you have a current pupil validation certificate? \_\_\_\_\_ If yes, expiration date \_\_\_\_\_

Do you have a current CPR card? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, expiration date \_\_\_\_\_

Name: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Work #: \_\_\_\_\_

List previous experience in this supplemental area: \_\_\_\_\_

Have you previously been employed by any school district? \_\_\_\_ Yes \_\_\_\_ No

Position: \_\_\_\_\_ School: \_\_\_\_\_ Date(s): \_\_\_\_\_

Position: \_\_\_\_\_ School: \_\_\_\_\_ Date(s): \_\_\_\_\_

Do you have any limitations which prevent you from performing the duties of this position?

\_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of, found guilty of, or pled guilty to any criminal offense including misdemeanors or felonies? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**AGREEMENT**

I authorize investigation of all matters related to this application for employment including any criminal records check. I agree that if, in the school's judgement, misrepresentation, falsification, or omission of information has been made by me or if the results of the school's investigation are unsatisfactory, any offer of employment may be withdrawn or if I am already employed by the school, my employment may be immediately terminated. I understand that if employed by Westfall Local Schools, I will abide by all rules and regulations of the school.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For District Office Use Only:**

Applicant has current pupil validation certification on file? \_\_\_\_ Yes \_\_\_\_ No

If yes, expiration date: \_\_\_\_\_

Applicant has current CPR certification on file? \_\_\_\_ Yes \_\_\_\_ No

If yes, expiration date: \_\_\_\_\_