



Hardin Northern Local School
11589 St. Rt. 81
Dola, Oh 45835

SUPPLEMENTAL APPLICATION (certified)

Date of Application _____

Position of Interest _____

Degree _____ # of Yrs. Coaching@HN _____ @ Other Districts _____

Level of Coaching @HN _____ @ Other Districts _____

NAME _____ TELEPHONE _____

ADDRESS _____ CITY/STATE/ZIP _____

Day Available _____ Best time to call _____

EMPLOYMENT HISTORY (list most recent employer first)

(1)Employer _____

Address _____

Position _____

Date of Employment _____

(2)Employer _____

Address _____

Position _____

Date of Employment _____

(3)Employer _____

Address _____

Position _____

Date of Employment _____

(4)Employer _____

Address _____

Position _____

Date of Employment _____

EDUCATION

High School Attended _____

Dates Attended _____ Graduated _____

College/Technical School _____

Dates Attended _____ Graduated _____

Degree/Licensure _____

WORK HISTORY

Give an account of the training or experience which you feel qualifies you for a supplemental position with the Hardin Northern Local School District.

REFERENCES

<u>Name</u>	<u>Address/City/State/Zip</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had your driver’s license **suspended, revoked, or withheld**? Yes_____ No_____

If yes, please explain nature and date of (s) of occurrence(s):_____

Have you ever been **investigated, disciplined, or convicted** of any of the following: Yes_____ No_____

If holds a teaching license, has it been revoked or suspended? Yes_____No_____

If you answered yes, please mark below as to which offense(s).

___Felony ___Misdemeanor(that would be a felony on the second offense) ___any Sex Offense

___any Offense of Violence ___any Theft Offense ___any Drug Offense

If yes, please explain nature and date(s) of occurrence(s): _____

Do you have any medically diagnosed health condition(s) which might need special accommodations for performing the position for which you are applying? Yes_____ No_____

If yes, please explain work limitations: _____

I further understand that falsification of any and all information on this application shall result in my being disqualified from employment or in my employment being terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.

Signature_____ Date_____

CERTIFIED SUPPLEMENTAL APPLICATION

I acknowledge being informed that, as precondition to employment, in the position for which I am applying, I must in accordance with Ohio law both provide a set of fingerprints and satisfactorily pass a criminal records check if I come under final consideration for employment.

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.

Signature_____ Date_____