



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.

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**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If holds a teaching license, has it been revoked or suspended?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\_\_\_\_\_

*The Hardin Northern Local School District provides equal employment opportunities to all people without regard to religion, race, color, national origin, sex, disability, military status, ancestry, or age.*

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