



**APPLICATION FOR
POSITION OF TREASURER**

Margaretta Local Board of Education
305 South Washington Street
Castalia, OH 44824

To applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications.

PERSONAL

Name _____ SS# _____
Last First Middle

Present Address _____ Phone No. _____

City, State, Zip _____ Cell No. _____

Have you ever been convicted of a felony? __No __Yes (if yes, explain) _____

(Note: Candidates are subject to a criminal background check.)

Are you presently under contract to another district? __No __Yes When does the contract expire? _____

If your application is considered favorably, on what date will you be available for work? _____

Current Base Salary? (Excluding fringe benefits)	Base Salary Expectations? (Excluding fringe benefits)

Do you hold a valid Ohio Treasurer's License? __No __Yes

Current School District: _____ Your Title: _____

Enrollment (ADM): _____ School District Budget: _____

Total Number of Employees: _____ Certified _____ Classified

Number of: _____ Elementary Schools _____ Middle/Jr. High Schools _____ High Schools

RECORD OF EDUCATION

<u>School</u>	<u>Name and Address of School</u>	<u>Course of Study</u>	<u>Date of Graduate</u>
High School:	_____	_____	_____
College:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

PROFESSIONAL EXPERIENCE

Starting with present or most recent, list all previous employers. If more space is required, please continue on a separate sheet.

No. of Years	Dates To & From	Position Title	School District/Organization Address	Reason for Leaving

Other Work Experiences and Achievements Valuable to Your Career

Outside Activities

Why are you interested in this particular Treasurer's position?

Identify two of your major accomplishments in your career.

Professional/Work References

Please list below the name and address of five persons who can speak of your professional competency and character.

Name: _____ Type of Acquaintance: _____

Address, City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Type of Acquaintance: _____

Address, City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Type of Acquaintance: _____

Address, City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

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Address, City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Type of Acquaintance: _____

Address, City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I certify that the information in this application is true and accurate to the best of my knowledge and belief.

I hereby authorize the Board of Education or its agents to conduct such investigations and to obtain such records (including criminal and credit records) as the Board deems necessary. I understand that giving false or misleading information, either oral or written, may result in denial or termination of my employment.

I understand that Margaretta Local Schools observes a standard of strict confidentiality with regard to information submitted by applicants. However, I understand that Ohio public records laws may mandate disclosure of applicant information by the school district conducting the Treasurer search.

Signature of Applicant

Date