



**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 \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell No. \_\_\_\_\_

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)
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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**

<b><u>School</u></b>	<b><u>Name and Address of School</u></b>	<b><u>Course of Study</u></b>	<b><u>Date of Graduate</u></b>
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:

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### Outside Activities:

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

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### Identify two of your major accomplishments in your career.

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

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: \_\_\_\_\_

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**