

APPLICATION FOR EMPLOYMENT - TREASURER/CFO
Spencerville Local School District

○

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

TELEPHONE: _____ (HOME) _____ (WORK) _____ (CELL)

EDUCATION

Please include college transcript(s).

COLLEGE: _____ GRAD DATE: _____ DEGREE: _____

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OHIO DEPARTMENT OF EDUCATION CERTIFICATION

LICENSE NUMBER _____ TYPE _____

ISSUE DATE _____ VALID FROM _____ THRU _____

OR EXPLAIN HOW A SCHOOL TREASURER LICENSE CAN BE OBTAINED SOON: _____

EXPERIENCE-TREASURER/CFO

CURRENT POSITION: _____ DATE OF EMPLOYMENT: _____

SCHOOL/INSTITUTION: _____ LOCATION: _____

CURRENT STUDENT ENROLLMENT: _____ CURRENT ANNUAL BUDGET: \$ _____ RATE OF PAY: \$ _____

TOTAL NUMBER OF STAFF: _____ NUMBER OF STAFF REPORTING DIRECTLY TO YOU: _____

List other treasurer/CFO position experience in reverse chronological order:

WHERE EMPLOYED

WHEN

DUTIES

APPLICANT NAME: _____

EXPERIENCE – OTHER

Please give accurate, complete full-time and part-time employment information beginning with the most recent employer.

Employer		Job Title	
Address (street, city, state, zip)			
Phone	Dates (from/to)		Total Years
Supervisor	Rate of Pay		
Job Duties			

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You must answer each of the following questions yes or no. **If you answered Yes to any question, attach an explanation to this application. Please include the year of conviction, the nature of the offense, the court where the matter was heard and if the conviction was subsequently sealed or expunged.**

1. Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any misdemeanor other than a traffic offense?

☐YES☐NO

2. Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any felony?

☐YES☐NO

3. Have you ever had ANY certificate, license, or permit, or an application for same, revoked, suspended, limited or denied?

☐YES☐NO

4. Have you ever surrendered ANY certificate, license, or permit?

☐YES☐NO

APPLICANT NAME: _____

PROFESSIONAL REFERENCES			
NAME	POSITION	PHONE	ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL REFERENCES			
NAME	RELATIONSHIP	PHONE	ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In your own handwriting in the space provided below, please complete the following:

1. What professional achievement are you most proud of?

2. In your opinion, what is the most important skill for a School Treasurer/ CFO to possess?

APPLICANT NAME: _____

3. Describe an effective relationship between the Superintendent and Treasurer/CFO, and the Board and Treasurer/CFO.

Notifications

I acknowledge being informed that, as a precondition to employment in the position for which I am applying, I must in accordance with Ohio Law provide a set of fingerprints and satisfactorily pass a criminal records check. If a criminal records check indicates that an employee has been convicted of or plead guilty to any of the offenses described in R.C. 109.572 (A) (1), the employee will be informed of the Board's actions.

I hereby authorize the Allen County Educational Service Center and Spencerville Local School District to obtain from my former or other current employers all data needed to support this application.

With the understanding that falsification of any information furnished on this application is grounds for the rejection of this application or, if I am approved, dismissal after my approval, I certify that all such information is true and complete to the best of my knowledge, and I hereby authorize agents of the Allen County Educational Service Center, Spencerville Local School District, and those acting in accordance with their direction to investigate same. I understand that any such investigation may include, but need not be limited to, a prescreening, an inquiry to the Ohio Bureau of Criminal Identification and Investigation and to other law enforcement agencies; I accordingly agree to cooperate promptly and fully during the application process in being fingerprinted and otherwise in completing and signing all forms required for any such inquiry, and I acknowledge that my failure to cooperate shall cause the rejection of my application. Further, I hereby give my permission to the Ohio Bureau of Criminal Identification and Investigation and other law enforcement agencies, as well as any and all other persons and entities who might have knowledge concerning information that I have provided on this form, to disclose to agents of the Allen County Educational Service Center, Spencerville Local School District, and those acting in accordance with their direction all pertinent information in their possession (except to the extent that I have expressly stated otherwise on this form), and I release those so requesting, receiving, and providing that information and their respective agents and principals, from any and all liability in connection therewith to the full extent permitted by law, and I voluntarily authorize the Allen County Educational Service Center and Spencerville Local School District to contact any references whose names I have submitted. I voluntarily release this agency and any persons providing information from any liability and claims relating to the use of information obtained.

Signature

Date

Spencerville Local School District and Allen County Educational Service Center are equal opportunity employers and do not discriminate on the basis of race, color, national origin, gender, disability, religion, ancestry, socio-economic status, sexual orientation, citizenship, veteran status, genetic information, or any other unlawful basis in its educational program, activities, employment policies, or admission policies and practices, as required by law. Qualified applicants who are disabled and require special assistance in responding to an employment announcement should call 419-222-1836, ext. 104.