

Administrator/School Psychologist Application



Mercer County Educational Service Center

Please type or print in black ink

Personal Information:

Last Name	First	Middle	Date of Application
Street Address			Social Security No.
City	State	ZIP Code	Telephone No. Home: () Work: ()
Are you presently under contract to another district?		Yes No	
If yes, when does the contract expire?			
Date available for employment:			
Current base salary: <i>(Not including fringe benefits)</i>		Base salary expectations: <i>(Not including fringe benefits)</i>	
Do you hold a valid Ohio Administration Certificate or License?		Yes No	
Area of certification:	Type of certificate:		
Area of certification:	Type of certificate:		
Certificate Number:			
Have you ever been convicted of a felony?		Yes No	
If yes, please explain on a separate sheet of paper.			
Note: Candidates are subject to a criminal background check.			

Position Applying: (Please mark all positions that are applicable.)

Superintendent _____ Principal _____ Special Education Supervisor _____
 Pre-School Supervisor _____ Curriculum _____ Psychologist _____
 Other _____

Current School District Information:

Name of district:		Your title:	
Enrollment (ADM):	Job Responsibilities:	Total Number of People you supervise: Certified - Classified -	
Reason for leaving current place of employment:			

Educational History:

School name	Location (city, state)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High school							
College (list all attended)							

Professional Experience:

Starting with present or most recent, list all previous employers. If more space is required, please continue on a separate sheet. You may attach resume, but complete application as well.

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

Other Work Experience and Achievements Valuable to Your Career:

Outside Activities:

Identify Your Professional Goals and Plans for the Next Five Years:

Applicant's Signature:

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 the Educational Service Center 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 Mercer County Educational Service Center.

Signature of Applicant

Date

If any of your educational or employment records are under other than the above name, please provide other names.

A Complete Application Consists of the Following:

1. Receipt of a letter of application emphasizing your abilities and reasons for interest in the open position.
2. Receipt of completed and signed application form.
3. Receipt of up-to-date resume.
4. Receipt of a copy of current Ohio Administration Certificate or evidence one is obtainable.
5. You may submit any information or material you feel is relevant to your qualifications for this position.

The above information should be sent to the Mercer County ESC and will be kept on file for one year.

Send All Application Materials to:

**Mercer County Educational Service Center
441 E. Market St
Celina, OH 45822**

Attention Personnel Director

Applicants are considered for all positions without regard to sex, religion, color, age, national origin, size, handicap, race, ancestry, citizenship status, or status as a Vietnam era or special disabled veteran.

An Equal Opportunity Employer

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