

Lakota Local Schools
5200 C.R. 13
Kansas, OH 44841
Telephone: 419-986-6650 Fax: 419-986-6651

Name _____ Social Security # _____

Address _____ Phone # _____
 Street, P.O. #, City, Zip Code

REGULAR/FULL-TIME Position(s) Applying for: _____

Currently receiving retirement benefits? Yes No Retirement System: _____

Education

Name of Institution	Location	Degree	From/To

Work Experience

Employer	Location/Phone	Kind of Work	From/To

References

Name	Address	Phone	Relationship

I certify that the information given in this application is true to the best of my knowledge. I authorize the Lakota Local School Board of Education and its designee(s) to conduct an appropriate reference check. I further certify that I have not been convicted of a felony or sex-related offense, and hereby authorize the Board of Education and its designee(s) to perform such background investigations as required by law. The fee for the background investigation is to be paid by the applicant. Failure to comply will result in the disqualification of the applicant for employment consideration. I agree that any claim or lawsuit relating to my service with Lakota Local Schools must be filed no more than six (6) months after the date of employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary. This application will be considered active for twenty-four (24) months from the date filed. If you are hired, it becomes part of your official employment record.

Signature of Applicant

Date

Affirmative Action/Equal Opportunity

We are committed to a multicultural environment in which women, minorities, veterans, and individuals with disabilities authorized to work in the United States are invited to apply for employment.