

For School Year _____

**GREENEVIEW LOCAL SCHOOLS
Application for Supplemental Assignment
Equal Opportunity Employer**

Name _____
(Last) (First) (M.I.) Soc. Sec. #

Address: _____
(Street) (City) (Zip) (Phone)

Present Employment: _____ Position: _____

Address: _____
(Street) (City) (Zip) (Phone)

Email Address: _____

Have you ever:

- (a) Been convicted of a felony? _____ Yes _____ No
- (b) Been convicted of a sex related offense? _____ Yes _____ No
- (c) Been in jail? _____ Yes _____ No
- (d) Had a teaching certificate revoked? _____ Yes _____ No

If yes to any of the above – please explain: _____

EDUCATION

School	Name	Location	Date of Entrance	Date of Leaving	Degree/ Diploma
High School					
College or University					

Are you a certified teacher ? _____ Yes _____ No If yes, Cert. # _____

SPECIFIC AREAS OF INTEREST:

	High School		Middle School	
	Head	Asst	Head	Asst
Baseball (Boy's)			N/A	N/A
Basketball (Boy's)				
Basketball (Girl's)				
Bowling (Boy's & Girl's Combined)		N/A	N/A	N/A
Cheerleading – Fall & Winter				N/A
Cross Country (Boy's & Girl's Combined)		N/A	N/A	N/A
Football (Boy's)				
Golf (Boy's & Girl's Combined)		N/A	N/A	N/A
Gymnastics (Girl's)		N/A	N/A	N/A
Equipment Mgr/ Elig. Coordinator	N/A	N/A		N/A
Soccer (Boys')			N/A	N/A
Soccer (Girls')			N/A	N/A
Softball (Girl's)			N/A	N/A
Strength Coach		N/A	N/A	N/A
Tennis (Boys')		N/A	N/A	N/A
Tennis (Girls')		N/A	N/A	N/A
Track (Boy's & Girl's Combined)				
Volleyball (Girl's)				
Wrestling				

PREVIOUS WORK/RELATED EXPERIENCE:

Experience	Where	Type	Phone	Dates	Total Time Employed

REFERENCES:

NAME	TITLE AND PLACE OF EMPLOYMENT	PHONE

No person shall on the basis of race, color, handicap, religion, sex or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination in employment, or recruitment, consideration, or selection thereof, or under any educational, academic, extracurricular, and/or co-curricular program, guidance or counseling, or activity within the direct control of the Greeneview Board of Education.

I hereby declare the information provided by me in the Application for Supplemental Assignment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I understand, if hired, I will be required to have a background check, (fingerprinting), complete Pupil Activity Supervisor Permit course, and complete CPR training.

DATE SIGNATURE

RETURN THIS FORM BY MAIL OR EMAIL TO:

MARK RINEHART, ATHLETIC DIRECTOR

Mark.rinehart@gvlsd.org

GREENEVIEW HIGH SCHOOL., 4710 COTTONVILLE ROAD, JAMESTOWN OH 45335