

# BERKSHIRE BOARD OF EDUCATION

Superintendent's Office  
14259 Claridon Troy Rd., P.O. Box 364  
Burton, Ohio 44021  
(440)834-3380, ext. 2101

Dear Berkshire Local School District Non-Teaching Applicant,

In order to be considered for a non-teaching position at our district, you will need to provide the following information to the District office.

## *Items to be completed are as follows:*

- A completed Non-Teaching application (attached)
- Request for a Criminal History Check Form (attached)
- Authorization to Contact Employment References (attached)
- For Drivers Only: New Driver Information Packet (available upon request)
- A current copy of your fingerprint report (FBI & BCI)
  - Completed FBI & BCI (Bureau of Criminal Identification & Investigation) Reports. You will need to have this done prior to being recommended for a position. This is a Berkshire Local School District Policy as well as the State of Ohio (O.R.C. section 3319.291). All fingerprinting is done electronically as required by the State.

The following are locations available to persons seeking employment related backgrounds checks. If a code is requested, please use 3319.39 for Public School Classified/Transportation. **\*Please note cost and payment options for each location.** *Results should be mailed to:* Berkshire Board of Education, Attn: Melissa Malkus, P.O. Box 364, Burton, OH 44021.

### ESC of the Western Reserve

8221 Auburn Rd (Technology Learning Center)  
Concord Twp., OH 44077  
(440)350-2563, ext. 788  
Hours: Monday – Friday  
8:00 a.m. – 3:30 p.m. (Summer hours 8:00 a.m.-2:30 p.m.)

\*Cost to you: \$70.00 (Cash [exact amount]/Credit Card/Personal Check [made out to Lake County ESC])

### Geauga County Sheriff's Office

12450 Merritt Dr.  
Chardon, OH 44024  
(440)279-2009, ext. 4346  
Tues. 8:00 a.m. -6:45 p.m.  
Thurs. 8:00 a.m. - 4:45 p.m.  
Sat. 8:00 a.m. – 2:45 p.m. (Busiest day; expect wait time)

**\*\*Due to COVID-19, the Fingerprint Office has temporarily been moved to 13349 Kinsman Rd., Burton. Hours are subject to change. You may schedule an appointment on the Geauga County Sheriff's Department website at [sheriff.co.geaugaoh.us/Divisions/Law/CCW/Fingerprinting](http://sheriff.co.geaugaoh.us/Divisions/Law/CCW/Fingerprinting)**

\*Cost to you: \$60.00 (Cash, Personal, Check or Money Order)

Please submit these items to the Berkshire Board of Education Office. Once we have received **all** of the above items, your application will be forwarded to the superintendent and put on the agenda for the Next Board of Education Meeting for approval. Once approved, your name and phone number will be placed on the substitute list.

Once the background checks are received, they will be attached to your application and you will be added to the upcoming Board agenda.

Thank you for your interest in Berkshire Local Schools.



# Berkshire Local School District

## BOARD OF EDUCATION

14259 Claridon Troy Road, P.O. Box 364, Burton, OH 44021  
440-834-3380 440-834-2058 (Fax)

Date of Application: \_\_\_\_\_

### **PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Are you applying for:**  Open Position or  Substitute Position

Please check the position(s) you are interested in:

**Aide Positions:**  Educational (ESEA Endorsement Required)  Lunch/Recess  Transportation  
 Classroom

**Other:**  Secretarial  Kitchen  Custodian

Do you have a high school diploma? Yes No If yes, year of graduation: \_\_\_\_\_

Name and Address of High School you graduated from: \_\_\_\_\_

Have you attended college, a trade or technical school, taken special training or courses? If so, please provide detailed information about the courses/training, year(s) in which you took courses/training, and institute attended. Please list any certificates or licenses:

\_\_\_\_\_  
\_\_\_\_\_

**TRAINING (College/Trade or Technical School):**

School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

College: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Other Qualifications: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

<u>Name of Business</u>	<u>Position Held</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PROFESSIONAL REFERENCES:**

<u>Name</u>	<u>Position</u>	<u>Business</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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3121 F1/page 1 of 1

### REQUEST FOR A CRIMINAL HISTORY RECORD CHECK

BERKSHIRE SCHOOL DISTRICT  
BURTON, OHIO 44021

The District is prohibited from inquiring about prior criminal convictions of any applicant on an application form. However, certain employees of the District must undergo a criminal background check as a condition of employment. An employee who has been convicted of or plead guilty to one or more of the disqualifying offenses enumerated in the Ohio Revised Code may be deemed ineligible to work in the District.

By signing below, understand and agree that, pursuant to the law,

- A. the Board of Education must request a criminal history check on me from the Bureau of Criminal Intelligence and Investigation and possibly from the Federal Bureau of Investigation;
- B. until that report is received and reviewed by the District, I am regarded as a conditional employee; and
- C. I may be deemed ineligible to work for the District based on the results of my background check and immediately released from employment as a result.

I hereby authorize such a records check and agree to pay the fee charged by the Bureau of Criminal Intelligence and Investigation and any additional fees associated with an FBI check.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

7/11/16  
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## Authorization to Contact Employment References

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Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

I voluntarily authorize the Berkshire Local School District to contact any references whose names I have submitted. I voluntarily release this School District and any of the persons providing information from any liability or legal claims relating to the use of information obtained.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date