



Coshocton City Schools
1207 Cambridge Road
Coshocton, OH 43812

Phone: 740-622-1901
www.coshoctonredskins.com

APPLICATION FOR EMPLOYMENT

Coshocton City Schools is an Equal Opportunity Employer. It is our policy to seek and employ the best qualified individuals and to provide equal opportunity for the advancement of employees, including hiring, promoting and training and to administer these activities in a manner which will not discriminate against any person because of race, color, religion, age (40 and over), sex, ancestry, national origin physical or mental disability, veteran status, sexual orientation, or any other legally protected status under applicable law.

Position Desired

Multicategorical or ED

Application Date

7/13/21

Available for:

☒ Full -time

☐ Part-time

☐ Temporary

What date would you be available
to start?

2021-22 School Year

Social Security #

293-84-2441

First Name

Kristi

Last Name

Timmons

Middle

L

Address

1256 Vine St

City/State/Zip

Coshocton

E-mail Address

kllusk@gmail.com

Daytime Phone

740-610-8904

Cell Phone

740-610-8904

Are you currently employed?

☒ Yes ☐ No

Have you ever been employed by Coshocton City Schools?

☒ Yes ☐ No

Do you have a driver's license?

☒ Yes ☐ No

State of Issue

Ohio

Other certifications or endorsements (i.e., CDL Class B)

Special Education Mild to Moderate K-12, Reading Endorsement P-12

References

Please provide names of individuals with whom you have worked and who know your work habits and characteristics. Please do not list personal friends or family members.

Name

Shannon Folkert

Job Title

Music Teacher

Employer

Address

Phone

740-502-4764

E-mail

Name

Beth Loomis

Job Title

Preschool Teacher

Employer

Address

Phone

740-502-5949

E-mail

Name

Todd Johnson

Job Title

Special Education Director

Employer

Address

Phone

740-502-2839

E-mail

Have you ever been convicted of a felony?

☐ Yes ☒ No

If yes, please explain

Employment History

Please complete this section even if you are attaching a resume

Starting with your current or most recent employer, please share the following:

Name of Employer

Coshocton Board of DD

Last Supervisor

Shannon Shontz

Address

23720 Airport Rd.

Supervisor Job Title

Director of Education

Employer Telephone

740-622-2032

Dates Employed

2020-2021 School Year

Job Duties

Implementing IEP's and modifying state standards to serve children with disabilities.

Reason for Leaving

Still employed

May we contact this employer now?

☒ Yes ☐ No

If no, when?

Name of Employer

Coshocton City Schools

Last Supervisor

Todd Johnson

Address

1207 Cambridge Rd

Supervisor Job Title

Special Education Director

Employer Telephone

740-622-1901

Dates Employed

2018-2020

Job Duties

Paraprofessional, Education Aide

Reason for Leaving

Graduate School

May we contact this employer now?

☒ Yes ☐ No

If no, when?

Name of Employer

Last Supervisor

Address

Supervisor Job Title

Employer Telephone

Dates Employed

Job Duties

Reason for Leaving

May we contact this employer now?

☐ Yes ☐ No

If no, when?

Briefly describe your qualifications.

Skills:

☐ Typing

☐ MS Word

☐ Excel

☐ Access

☐ Publisher

☐ Heavy Machinery

☐ Office Machines

☐ PowerPoint

Other Skills:

Are you fluent in any foreign languages? If so, which one (s)?

Education, Licenses and Skills

Last High School Attended (Provide name and location)

Coshocton High School

Graduated:

☒ Yes

☐ No

GED

☐ Yes

☐ No

College/University Attended

University of Akron

Dates Attended

2003-2005

Major

Communications

Type of Degree

Bachelors

Date Degree Completed

August 2005

College/University Attended

Dates Attended

Major

Intervention Specialist Mild to Mod

Type of Degree

Master's in Teaching

Date Degree Completed

May 2020

Graduate Professional Attended

Muskingum University

Dates Attended

2019-2020

Major

Type of Degree

Date Degree Completed

CERTIFIED

First License/Certificate #

4 Year K-12 Special Education Resident Educator Mild

Issuing State/Agency

Ohio

License Type

4 year RESA

Issue/Expiration Dates

6/30/24

Second License/Certificate #

Reading (PreK-12) [059902]

Issuing State/Agency

Ohio

License Type

Reading Endorsement

Issue/Expiration Dates

6/30/24

CLASSIFIED

Paraprofessional License #

Expiration Date

Other (Please Specify)

Have you ever been discharged or requested to resign from a job?

If yes, please explain

☐ Yes ☒ No

Job-related skills and qualifications?


Describe any job-related training received in the United States Military.

Acknowledge Statement:

I certify that all the information given on this **Application for Employment** is true, complete and correct. I understand that any false answers, statements or representations made by me in this application shall constitute sufficient cause for discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Policy Numbers 4121 and 3121 of the Coshocton City Board of Education requires an inquiry into the background (BCI/FBI check) of each applicant the Superintendent recommends for employment.

I certify that I have read, fully understand, acknowledge and accept all terms of the Acknowledgement Statement.


Signature

7/13/21
Date

FOR PERSONNEL DEPARTMENT USE ONLY

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