



Please Note: Your file will become active after we receive a completed employment application form. We recommend you submit the following additional documents as part of your employment application:

- ☆ a resume;
- ☆ copies of educational certificate(s);
- ☆ copies of teaching or student teaching evaluations;
- ☆ recommendations; and
- ☆ transcripts (photocopies are acceptable for the application process).

CERTIFIED EMPLOYMENT APPLICATION

Your employment application will remain active for the calendar year in which it is submitted. You must submit a new application after January 1st of each year to be considered for positions during that full calendar year. Please make sure all sections of the application are signed and dated in the appropriate areas or it will be considered incomplete.

Please print or type.

Date: _____

NAME: _____ **PHONE:** _____
First Middle Last

PRESENT ADDRESS: _____
Number Street

City State Zip

PERMANENT ADDRESS: _____
Number Street

City State Zip

SOCIAL SECURITY # (OPTIONAL): _____

Are you a U.S. Citizen? Yes No **If no, explain:** _____

Have you resided exclusively in Ohio for the last five years? Yes No

Are you presently under contract with any school district for the next school year? Yes No

POSITION DESIRED (Field/Grade Level)	
1 ST CHOICE	
2 ND CHOICE	
3 RD CHOICE	

EDUCATION (Please list most recent first)

COLLEGE /UNIVERSITY: _____	LOCATION: _____
DATES ATTENDED: _____	CLASS RANK: _____ G.P.A. _____
DEGREE RECEIVED: _____	
COLLEGE /UNIVERSITY: _____	LOCATION: _____
DATES ATTENDED: _____	CLASS RANK: _____ G.P.A. _____
DEGREE RECEIVED: _____	
COLLEGE /UNIVERSITY: _____	LOCATION: _____
DATES ATTENDED: _____	CLASS RANK: _____ G.P.A. _____
DEGREE RECEIVED: _____	

U.S. MILITARY SERVICE

DATES OF SERVICE: _____	BRANCH: _____
RANK: _____	HONORABLE DISCHARGE: YES _____ NO _____

CERTIFICATES/LICENSES (Please list all in-state and out-of-state certificates and licenses)

Type of Certificate/License	Subject Area	NTE Score	Expiration Date	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever had a teaching certificate suspended or revoked? Yes No
 If yes, explain: _____

EMPLOYMENT HISTORY

Please list your most recent employment experience first. Include student teaching if you have less than a total of three years of teaching experience. **Be certain to list all of your jobs, teaching and non-teaching.** Use a separate sheet of paper if necessary. Indicate any skills, experiences or training (military, on-the-job, or other) you have received which will assist the School District in considering your credentials.

NAME OF EMPLOYER:		POSITION HELD:	
ADDRESS:		PHONE #:	
PRINCIPAL OR IMMEDIATE SUPERVISOR:			
FROM:	TO:	REASON FOR LEAVING:	
NAME OF EMPLOYER:		POSITION HELD:	
ADDRESS:		PHONE #:	
PRINCIPAL OR IMMEDIATE SUPERVISOR:			
FROM:	TO:	REASON FOR LEAVING:	
NAME OF EMPLOYER:		POSITION HELD:	
ADDRESS:		PHONE #:	
PRINCIPAL OR IMMEDIATE SUPERVISOR:			
FROM:	TO:	REASON FOR LEAVING:	
NAME OF EMPLOYER:		POSITION HELD:	
ADDRESS:		PHONE #:	
PRINCIPAL OR IMMEDIATE SUPERVISOR:			
FROM:	TO:	REASON FOR LEAVING:	

If you have not taught or if you have taught for only one principal, you must list student teaching information. Please list persons we may contact.

College Supervisor of Student Teaching

Name of Supervisor:		Name of College:	
Address:			
City:		State/Zip:	

Coordinating Teacher – Public School

Name of Coordinating Teacher:		Name of School:	
Address:			
City:		State/Zip:	

PROFESSIONAL REFERENCES

Please include a reference for each of your jobs in education, in reverse chronological order. If you held more than one position in the same school system, list a reference for each position. If you have not worked in education, list references from other jobs.

NAME OF REFERENCE:		POSITION/TITLE:	
SCHOOL/COMPANY NAME:		PHONE #	
COMPLETE ADDRESS:			
NAME OF REFERENCE:		POSITION/TITLE:	
SCHOOL/COMPANY NAME:		PHONE #	
COMPLETE ADDRESS:			
NAME OF REFERENCE:		POSITION/TITLE:	
SCHOOL/COMPANY NAME:		PHONE #	
COMPLETE ADDRESS:			
NAME OF REFERENCE:		POSITION/TITLE:	
SCHOOL/COMPANY NAME:		PHONE #	
COMPLETE ADDRESS:			

EDUCATION-RELATED INFORMATION

Please answer the following questions. Attach additional pages if necessary.

1. What do you feel to be the most important personal and academic characteristics of a teacher?

2. At the end of your first year of teaching in the School District, how will you determine whether or not you have been successful?

3. What athletic or extra-curricular activities would you like to coach or sponsor?

ADDITIONAL INFORMATION

Have you ever been employed by this school district before? Yes No If yes, when and in what position(s)?

Why do you want to leave your present position, or why did you leave your last position? _____

Have you ever been involuntarily terminated or asked to resign by another employer? Yes No

If yes, please provide the name of the employer, the last date worked, and the reason for the termination or request for resignation. _____

You must answer the following question on the inserted page included with this application:

Have you ever pled "guilty" or "no contest" or been convicted of a misdemeanor or felony violation of the laws of Ohio, or any other state or territory, the United States or any other country?

You must include any expunged and/or sealed pleas or convictions. If you answer "yes" to the above, you must explain each plea or conviction, including, but not limited to, the nature of the offense, the approximate date of the plea or conviction, and other state court, federal court, or other court which entered the plea or conviction.

Please note that criminal convictions are not always an automatic bar to employment, however, the School District complies fully with the guidelines set forth in the Ohio Revised Code in defining those crimes that bar employment.

Have you answered the question on the inserted page included with this application?

YES NO

APPLICANT'S STATEMENT

I hereby certify that all of the information I have provided as part of my application for employment is true, accurate, and complete. I understand that any falsification, misrepresentation or willful omission of facts shall be sufficient cause for the disqualification of this application or the termination of my employment. Furthermore, I understand that this application and the related records become the property of the School District, which reserves the right to accept or reject my application. I further agree to observe all rules, regulations, and policies of the School District now in force and effect, or as they may change during my employment if I am employed by the School District.

I hereby authorize a thorough investigation of my past employment and activities. I agree to cooperate in such an investigation, and release from all liability or responsibility all persons, agencies, educational organizations and corporations requesting or supplying such information. Such inquiries may relate to my work history, personal references, eligibility to work in the United States, police record, motor vehicle record and anything else which is likely to determine my acceptability for employment. I also agree to participate in an Ohio Bureau of Criminal Identification and Investigation (BCI) fingerprint criminal history check and in a Federal Bureau of Investigation (FBI) fingerprint criminal history check and understand that my employment may be terminated based on any revealed criminal history. I understand that any offer of employment is contingent upon successful completion of a pre-employment physical which may include drug and alcohol testing. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event I am hired.

Signature of Applicant

Date

Please Print Name

