

# **TEACHER APPLICATION FORM**

**Please return completed application to:**

**JEFFERSON LOCAL SCHOOL DISTRICT  
906 WEST MAIN STREET  
WEST JEFFERSON, OHIO 43162**

**Jefferson Local Schools is an Equal Opportunity Employer and no person shall be excluded from employment on the basis of protected class status. It is the policy of the Jefferson Local School District Board of Education that the best qualified applicant shall be selected for each position without regard to race, color, religion, disability, national origin, military or veteran status, age, sex, or marital status.**

**Should you be contacted for an interview and require any special accommodations, please contact William Mullett, Superintendent at (614) 879-7654. We will utilize this information only in a manner consistent with the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973 and Chapter 4112 of the Ohio Revised Code.**

Jefferson Local Schools  
906 West Main Street  
West Jefferson, Ohio 43162  
(614) 879-7654

## Certified Employment Application

### PERSONAL DATA

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

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

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

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

If you are unable to reach me, you may contact:

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

Address: \_\_\_\_\_

I will be available to start teaching on \_\_\_\_\_

### TEACHING PREFERENCE

My assignment preference is \_\_\_\_\_ Regular \_\_\_\_\_ Substitute \_\_\_\_\_ Tutor

**Position Preferred:** Please include subject and/or grade level, i.e. 9<sup>th</sup> grade English, etc.

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

List other subjects you are qualified to teach: \_\_\_\_\_

### CERTIFICATION/LICENSURE

**PLEASE SUBMIT A PHOTOCOPY OF ALL OF YOUR OHIO TEACHING CERTIFICATES/LICENSES WITH THIS APPLICATION. If certificate is pending, please indicate expected date of issuance.**

Teaching Certificates/Licenses You Now Hold	Expiration Date	Subjects or Grades Listed

**COLLEGE EDUCATION AND PROFESSIONAL TRAINING**

LIST COLLEGES, UNIVERSITIES, AND TRAINING INSTITUTIONS ATTENDED

Dates Attended	School Name and Location	Degree and Date	Major	Minor	Sem Hrs	GPA

List any degree you are presently pursuing and date degree to be conferred: \_\_\_\_\_

\_\_\_\_\_

List and give the extent of any special training you have had that is not mentioned above. Applicants for grades K-8 (inclusive), complete in as much detail as possible.

Music _____	Speech Correction _____
Art _____	Remedial Reading _____
Physical Education _____	Mentally Challenged _____
Guidance _____	Emotionally Disturbed _____
Computer or Media _____	Other _____

List any activities you are willing to direct, i.e. plays, school clubs, student activities, etc.: \_\_\_\_\_

\_\_\_\_\_

List any sports you are willing to coach: \_\_\_\_\_

\_\_\_\_\_

**STUDENT TEACHING**

Dates From/To: _____	Subject or Grade Level: _____
Name of School, City, and State: _____	
Supervising Teacher/Telephone Number: _____	
Dates From/To: _____	Subject or Grade Level: _____
Name of School, City, and State: _____	
Supervising Teacher/Telephone Number: _____	

**CONTRACTED POSITIONS YOU HAVE HELD AS A CERTIFICATED TEACHER AND/OR AS AN ADMINISTRATOR.**

List chronologically with the most recent position first.

Dates From – To	School Name/Address	Superintendent/Principal	Grade/Subject(s)	Total Yrs

List participation within the last two years in any professional activity for the improvement of the school(s) where you have been employed: e.g. Curriculum Revision, Pupil Progress Reports, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been employed under a continuing contract in Ohio? \_\_\_\_ Yes \_\_\_\_ No

If yes, please indicate the school system in which you were granted the continuing contract and the date:

\_\_\_\_\_

Are you currently employed under a teaching contract? \_\_\_\_ Yes \_\_\_\_ No

If yes, indicate school system: \_\_\_\_\_

May we have your permission to contact your current employer? \_\_\_\_ Yes \_\_\_\_ No

If yes, give name, position, and telephone number to contact: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Have you ever been discharged or requested to resign from a teaching or administrative position? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you ever been non-renewed? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**Other work or experiences which you believe to be valuable to a teaching career are:**

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL OR PROFESSIONAL REFERENCES – NOT INCLUDING RELATIVES**

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

Where employed: \_\_\_\_\_ Position: \_\_\_\_\_

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

Where employed: \_\_\_\_\_ Position: \_\_\_\_\_

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

Where employed: \_\_\_\_\_ Position: \_\_\_\_\_

**PLEASE READ CAREFULLY**

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

With the understanding that falsification of any information furnished on this application is grounds for the rejection of this application, or dismissal after my employment if I am hired, I certify that all such information is true and complete to the best of my knowledge, and I hereby authorize agents of the Jefferson Local School District and those acting in accordance with their direction to investigate same. I understand that any such investigation may include, but need not be limited to, an inquiry to the Ohio Bureau of Criminal Identification and Investigation (BCII) and to other law enforcement agencies; I accordingly agree to cooperate promptly and fully during the application process in being fingerprinted and otherwise in completing and signing all forms required for any such inquiry, and I acknowledge that my failure to cooperate shall cause the rejection of my application. Further, I hereby give my permission to the Ohio BCII and other law enforcement agencies, as well as any and all other persons and entities who might have knowledge concerning information that I have provided on this form, to disclose to agents of the Jefferson Local School District and those acting in accordance with their direction, all pertinent information in their possession (except to the extent that I have expressly stated otherwise on this form), and I release those so requesting, receiving, and providing that information, and their respective agents and principals, from any and all liability in connection therewith to the full extent permitted by law, and I voluntarily authorize Jefferson Local School District to contact any references whose names I have submitted. I voluntarily release this school district and any persons providing information from any liability and claims relating to the use of information obtained.

I understand that if I am employed prior to the receipt of the BCII report and verification of my work experiences, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contact with former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education rules and regulations regarding applicant/employee criminal records and disclosure of criminal convictions.

I also understand that, if I am employed but have not yet provided verification of education and experience, my salary shall remain as that of a beginning teacher with no experience until verification has been received in a timely manner.

Signature of Applicant: \_\_\_\_\_

“Printed” Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_