

APPLICATION FOR AUGLAIZE COUNTY SCHOOLS

Application Date: _____

Received in Office: _____

Date Interviewed: _____

NAME: _____

S. S. Number: _____

Street Address: _____

Home Phone Number: (____) _____

City/State//Zip: _____

Work Phone Number: (____) _____

Email Address: _____

Cell Phone Number: (____) _____

Permanent Address (if different): _____

Certification/Licensure: (Enclose a copy of currently valid certificate(s) or license(s).)

Ohio Certified Teaching /Administration Subject Areas and/or Grades:	Certificate/Lic. Number	Year Issued	Date Expires Mo./Day/Yr.

Other State teaching certificate(s)/license(s) currently valid: _____

(Note: Lapsed licensure will be grounds for immediate suspension of contract without pay.)

I am applying for: (check all that apply) Permanent Full-time Position _____, Part-time _____, Substitute Teacher _____

I am willing to work at the following school(s):
Minster Local _____ New Knoxville Local _____
New Bremen Local _____ Waynesfield-Goshen Local _____
County Preschools _____ County MD or ED units _____
Kenton _____ Ada _____ Ridgemont _____

I prefer to work at the following grade level(s): Elementary (list grade levels) _____,
High School (list subjects) _____, Special (list areas) _____

Have you ever had a FBI/BCI fingerprint report done? _____ If yes, please submit to office. If you are a new substitute to Auglaize County, please submit a BCI & FBI that has been done within the past year. Please see office secretary.

Are you presently under contract? _____ If yes, to whom? _____

Have you ever been employed under a continuing contract in Ohio? _____ If yes, what school granted the continuing contract (date) _____

Failure to accurately respond to this question will render your contract void.

Have you ever been dismissed from a teaching position or asked to resign? _____ If yes, please explain _____

During the past year, how many days were you absent from work or school due to illness? _____

Do you have any conditions that require accommodations? _____ If yes, please describe.

(continued)

Professional Preparation: (Name & location)

High School _____ Diploma Year: _____

Bachelors Degree _____ Yr./Major: _____

Masters Degree _____ Yr./Major: _____

Special Training _____ Yr./Degree: _____

Total SEMESTER Hours Earned (convert quarter hrs. to semester): _____ Undergraduate _____ Graduate _____
 (Note: 3 quarter hours = 2 semester hours. Copies of all transcripts may be submitted with this application.)

Student Teaching Experience: (May be omitted by teachers with three or more years of experience.)

Name & Location of School: _____

Supervising Teacher: _____ Phone: _____

Grade/Subjects Taught: _____ Mo./Yr. From _____ To _____

Professional Experience: (List chronologically with most recent teaching/school administration experience first. Ohio schools consider 120 or more days experience in the same school year equal to one year.)

School Name & Address: _____ Phone: _____	Grade /Subj. /Position: _____	Date (Mo./Yr.) From: _____ To: _____	Total No. Years _____
Reason for leaving: _____			
School Name & Address: _____ Phone: _____	Grade /Subj. /Position: _____	Date (Mo./Yr.) From: _____ To: _____	Total No. Years _____
Reason for leaving: _____			
School Name & Address: _____ Phone: _____	Grade /Subj. /Position: _____	Date (Mo./Yr.) From: _____ To: _____	Total No. Years _____
Reason for leaving: _____			
School Name & Address: _____ Phone: _____	Grade /Subj. /Position: _____	Date (Mo./Yr.) From: _____ To: _____	Total No. Years _____
Reason for leaving: _____			
School Name & Address: _____ Phone: _____	Grade /Subj. /Position: _____	Date (Mo./Yr.) From: _____ To: _____	Total No. Years _____
Reason for leaving: _____			

(continued)

Professional References: (List persons who have first-hand knowledge of your professional training, teaching ability/experience, and character. Include any school superintendents, principals, supervisors, administrators, or supervising teachers/professors.)

Name: _____ School/Business: _____ Street Address: _____	Daytime Phone: _____ Position: _____ City/State/Zip: _____
Name: _____ School/Business: _____ Street Address: _____	Daytime Phone: _____ Position: _____ City/State/Zip: _____
Name: _____ School/Business: _____ Street Address: _____	Daytime Phone: _____ Position: _____ City/State/Zip: _____
Name: _____ School/Business: _____ Street Address: _____	Daytime Phone: _____ Position: _____ City/State/Zip: _____

Do we have your permission to contact your references? _____ Yes _____ No

List other names (maiden/divorced) that employers/schools may have listed for you: _____

Extracurricular Assignment Interests – Check any of the following activities for which you are qualified and willing to coach or direct. Use a double check to show actual coaching or directing experience. If applicable, please state if men’s or women’s sport.

_____ Football	_____ Track	_____ Cheerleading	_____ Yearbook
_____ Basketball	_____ Golf	_____ Class Advisor	_____ Newspaper
_____ Volleyball	_____ Cross Country	_____ Academic Team	_____ Student Council
_____ Baseball	_____ Tennis	_____ Drama/Play	_____ Clubs
_____ Wrestling	Other sport(s) _____	Other activities _____	

Briefly describe any professional recognition, memberships, and growth activities:

Philosophy: In your own handwriting, briefly express your educational philosophy and why you entered the field of education.

(continued)

Non Teaching Experience: (List chronologically with most recent experience first. Include active military service.)

Employer Name & Address: Phone: _____	Position/Duties Performed	Employment Dates From: _____ To: _____
Employer Name & Address: Phone: _____	Position/Duties Performed	Employment Dates From: _____ To: _____
Employer Name & Address: Phone: _____	Position/Duties Performed	Employment Dates From: _____ To: _____

List experiences outside of the school setting where you have worked with children (e.g., home, community, camp, church, etc.):

Please give any additional information which will assist us in arriving at a realistic appraisal of your qualifications.

In accordance with Ohio law, I understand that I must both provide a set of fingerprints and satisfactorily pass a criminal records check as a precondition to employment. If the records check should prove to be unacceptable to the Board of Education, I understand that my employment/application may be terminated without any type of hearing or statement of reasons for such action.

Signature: _____ Date: _____

I hereby certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that any misrepresentation, falsification, or omission will be sufficient cause for denial or discharge of employment.

Signature: _____ Date: _____

<u>A complete application folder consists of:</u> 1. Signed application form. 2. Copy of current valid Ohio certification. 3. FBI and BCI fingerprint reports. 4. College transcripts needed before full-time employment	<u>Please return information to:</u> Auglaize County Educational Service Center 1045 Dearbaugh Ave., Suite 2 Wapakoneta, OH 45895 Phone: (419) 738-3422 FAX: (419) 738-1267
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NOTE: Applications will be forwarded to each of the Local Schools at their request.

Applications will be kept on file for two years. Please advise office of change in employment or address.

Auglaize County Schools is an Equal Opportunity Employer and does not discriminate with regard to race, color, religion, national origin, gender, age, military status, ancestry, or handicapped status. Information is solely to determine the applicant's ability to perform job satisfactorily.