



CLEAR FORK VALLEY LOCAL SCHOOLS
 211 School Street
 Bellville, Ohio 44813

419-886-3855
 FAX 419-886-2237

Date: _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Teacher | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Aide | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Custodian |
| <input type="checkbox"/> Secretarial | <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Bus Mechanic |

Full Time Part Time Substitute

Name: _____
 Last First Middle

Address: _____
 Street City State Zip Code

Phone: _____ Last four digits of SSN: _____

Are you at least 18 years of age? Yes No

Have you ever been employed under a different name? Yes No

If yes, provide name(s) and an explanation for the name change(s): _____

Are you either a U.S. citizen or authorized to work in the United States under present immigration laws?

Yes No If no, explain: _____

EMPLOYMENT EXPERIENCE

Begin with your most recent employment.

Name and Address of employment:

Type of Organization:
(School, Factory, etc.)

Dates Employed:

Position:

From _____ To _____

Name of Last Supervisor:

Most Recent Salary:

Description of Duties: _____

Reason for Leaving: _____

May we contact this employer?

Yes

No

Phone Number

Name and Address of employment:

Type of Organization:
(School, Factory, etc.)

Dates Employed:

Position:

From _____ To _____

Name of Last Supervisor:

Most Recent Salary:

Description of Duties: _____

Reason for Leaving: _____

May we contact this employer?

Yes

No

Phone Number

Name and Address of employment:

Type of Organization:
(School, Factory, etc.)

Dates Employed:

Position:

From _____ To _____

Name of Last Supervisor:

Most Recent Salary:

Description of Duties: _____

Reason for Leaving: _____

May we contact this employer?

Yes

No

Phone Number

Have you ever been dismissed or asked to resign from a position?

Yes

No

If yes, explain: _____

Are you currently under contract? _____ If so, where? _____

Do you have Tenure?

Yes

No

If so with which district? _____

Number of Years Experience K-3 _____ 4-8 _____ 9-12 _____

Total Years Teaching _____ Total Years Administrative _____

Years Experience: Public School _____ Private/Parochial _____

Elementary Teaching: Please check the grade group in which you would wish to be considered and underscore your first choice within the group.

() Kindergarten () 1st, 2nd, 3rd () 4th, 5th, 6th () 7th, 8th

High School Teaching: Please list the subjects you are certified to teach in the order of your preference.

1. _____ 2. _____ 3. _____

Activities you can coach or supervise: _____

Expected Salary: _____

Is there any reason known to you why you might be unable to perform consistently and promptly any of the job duties for which you have applied? Yes No

If yes, explain: _____

TRAINING

High School: _____ Graduation Date: _____

Address: _____

College/University: _____ Graduation Date: _____

Degree Earned: _____ Semester Hours: _____

Describe any specialized training, apprenticeship, skills, and extra curricular activities.

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

When would you be able to begin work? _____

CERTIFICATION

Indicate below the type and grade of Ohio Certificate you hold or will hold before you begin work. When employed, your certificate must be on file before you can be paid.

Type: _____ Certificate Number _____ Date of Expiration _____

_____ I will complete by _____ courses entitling me to a _____ certificate.

_____ I have applied or will apply to the State Department of Education for a _____

certificate on _____.

REFERENCES

Name: _____ Phone: _____

Address: _____

Position/Title: _____

Name: _____ Phone: _____

Address: _____

Position/Title: _____

Name: _____ Phone: _____

Address: _____

Position/Title: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.

I understand and agree that any misrepresentation or deliberate omission of facts in my application may be justification for refusal of or if employed, termination from employment.

Signature of Applicant

Date

If you are employed, you will be required to obtain a criminal background check from the Ohio Bureau of Criminal Investigation and the Federal Bureau of Investigation at your cost.

This application will be kept on file for one year unless reactivated by the applicant.

Clear Fork Valley Local Schools -- An Equal Opportunity Employer

Office Use

Date of Interview _____

Desired Position _____

Experience _____

Date Employed _____

Interviewer's Comments: