

EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR PROFESSIONAL/CERTIFIED POSITION

POSITION APPLIED FOR: _____ 20__ - 20__ SCHOOL YEAR

School District: ___ National Trail ___ Preble Shawnee ___ Tri-County ___ Twin Valley ___ ESC

TO THE APPLICANT

*This form provides a summary of your personal and professional data. Prospective employees will receive consideration without discrimination because of age, color, creed, disability, national origin, race, or sex. **YOU ARE ALSO HEREBY NOTIFIED** that according to SB 38, if you are one of the finalists considered for appointment or employment you must provide a set of fingerprint impressions that will be used for a criminal records check, which must be conducted and satisfactorily completed as a condition of your employment.*

PLEASE PRINT

NAME: _____
Last
First
Middle

ADDRESS: _____
Street
City
State
Zip

TELEPHONE: _____ EMAIL: _____

SOCIAL SECURITY NUMBER: _____

Have you been a resident of Ohio for the last six years? Yes No

If no, please list previous address: _____

Are you a citizen of the United States? Yes No

Are you related to a current Preble County ESC employee or a member of the Preble County ESC Governing Board? Yes No

If yes, please list name and relationship: _____

Record of Educational and Professional Preparation

NAME OF SCHOOL/INSTITUTION	DEGREE	MAJOR	MINOR

License Information

SUBJECT	TYPE	STATUS	ENDORSEMENT	STATE	EXPIRES

To complete the application process, it will be necessary to submit all of the required documentation listed on the Preble County Educational Service Center's "NEW HIRE DOCUMENTATION CHECKLIST".

TEACHING INFORMATION

Name and state of the school district from which you received your high school diploma or GED certificate:

Total Number of Teaching Years: _____

Have you ever received tenure in any school district? Yes ___ No ___ Date Tenure Conferred: _____

If yes, indicate the name of the school district and the tenure area: _____

EMPLOYMENT PREFERENCES

Full Time Part Time

Would you be interested in a Substitute Teaching Position? YES NO

REFERENCES

NAME	POSITION	CONTACT PHONE NUMBER	EMAIL ADDRESS

APPLICANT'S STATEMENT

I certify that the answers given in this application, as well as the information contained in any resume, transcript, certificate, or additional information I submit, are true and complete to the best of my knowledge.

Furthermore, permission is hereby granted to the above listed school districts, by the undersigned, to conduct reference, education employment, and any other agency checks as they may collectively or individually feel are necessary to consider me for employment with the school district.

In the event of employment, I understand that any false and misleading information given in my application, resume, transcript, certificate, or additional information or interview(s) may result in discharge.

I also understand that my employment in the school districts listed above is conditioned upon the completion of a criminal record check acceptable to the Board of Education of such district. If the criminal record check should prove to be unacceptable to the Board of Education for any reason, I understand that my employment may be terminated at the will of the Board without any type of hearing or statement of reasons for such action during my first year of employment.

SIGNATURE OF APPLICANT

DATE

*Eaton Community Schools
National Trail Local School District
Preble Shawnee Local School District
Preble County Educational Service Center
Tri-County North Local School District
Twin Valley Community Local School District*

APPLICANT'S STATEMENT

I certify that the answers given in this application, as well as the information contained in any resume, transcript, license, or additional information I submit, are true and complete to the best of my knowledge.

Furthermore, permission is hereby granted to the above listed school districts, by the undersigned, to conduct reference, education, employment, and any other agency checks as they may collectively or individually feel are necessary to consider me for employment with the school district.

I also grant permission to the above listed entities to copy and share all submitted documents, including college/university transcripts.

In the event of employment, I understand that any false and/or misleading information given in my application, resume, transcript, license, or additional information or interview(s) may result in discharge.

I also understand that my employment in the school districts listed above is conditioned upon the completion of a criminal record check acceptable to the Board of Education of such district. If the criminal record check should prove to be unacceptable to the Board of Education for any reason, I understand that my employment may be terminated at the will of the Board without any type of hearing or statement of reasons for such action during my first year of employment.

SIGNATURE OF APPLICANT _____

DATE _____

CERTIFIED RECORD OF TEACHING EXPERIENCE

This Certified Record of Teaching Experience should be completed in detail, signed, and dated by the teacher or administrator, and returned to the Preble County Educational Service Center. Please give a complete and accurate record of your teaching experience by placing **ONE YEAR OF EXPERIENCE ON EACH LINE** beginning with the first year and listing the other years consecutively.

Beginning teachers should place the statement "NO TEACHING EXPERIENCE TO DATE" on the first line of the form.

J. Mike Derringer
Superintendent

TEACHING EXPERIENCE RECORD OF:

FIRST NAME MIDDLE NAME MAIDEN NAME LAST NAME

Social Security Number: _____

PLEASE READ PARAGRAPH ABOVE BEFORE COMPLETING THIS FORM

School Year	NAME/TYPE OF DISTRICT Public=P Private=PV	Street Address of Former Employing School District			# of months taught	Grade/Subject Taught	Office Use ONLY
		City	State	Zip			
__ - __							(1)
__ - __							(2)
__ - __							(3)
__ - __							(4)
__ - __							(5)
__ - __							(6)
__ - __							(7)
__ - __							(8)
__ - __							(9)
__ - __							(10)
__ - __							(11)
__ - __							(12)
__ - __							(13)
__ - __							(14)
__ - __							(15)

NOTE: TURN PAPER OVER - Notarized signature and additional information needed on reverse side

School Year	NAME/TYPE OF DISTRICT Public=P Private=PV	Street Address of Former Employing School District City State Zip City/County	# OF MONTHS TAUGHT	GRADE/SUBJECT TAUGHT	OFFICE USE ONLY
__ - __					(16)
__ - __					(17)
__ - __					(18)
__ - __					(19)
__ - __					(20)
__ - __					(21)
__ - __					(22)
__ - __					(23)
__ - __					(24)
__ - __					(25)
__ - __					(26)
__ - __					(27)
__ - __					(28)
__ - __					(29)
__ - __					(30)
TOTAL					

RECORD OF TIME SPENT IN MILITARY SERVICE

Date of Induction: _____ Date of Discharge: _____
(Month, Day, Year) *(Month, Day, Year)*

Total number of months spent in military service: _____

NOTE: A copy of your discharge should be a part of this record. A typewritten copy will be accepted if it is accompanied by the original for verification, or if it can be verified in the Office of the County Recorder of _____ County, State of _____.

NOTARIZED STATEMENT

STATE OF OHIO, COUNTY OF _____ ss.

_____, being duly sworn, hereby affirms that all statements made
(Name of Teacher or Administrator)

relative to Teaching Experience and/or Military Experience herein are true.

(Signature of Teacher or Administrator)

Subscribed and sworn to before me this _____ day of _____, 20 _____.

(Signature of Notary Public)