



140 S. Main Street  
Milan, OH 44846  
Phone: 419-499-3000

**APPLICATION FOR ADMINISTRATIVE POSITION**

Date \_\_\_\_\_

NAME \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

**PERSONAL INFORMATION**

PRESENT POSITION \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

Can you perform the essential duties of the subject position with or without an accommodation? Please explain: \_\_\_\_\_

**PROFESSIONAL DATA**

**OHIO TEACHING AND ADMINISTRATIVE CERTIFICATES/LICENSES YOU HOLD**

TYPE (TEMPORARY; PROVISIONAL; PROFESSIONAL; PERMANENT)    NUMBER    DATE EXPIRES    SUBJECTS/ GRADES    SPECIAL

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WHEN WILL YOU BE AVAILABLE FOR WORK IN THIS SCHOOL SYSTEM? \_\_\_\_\_

ARE YOU NOW UNDER CONTRACT WITH A SCHOOL SYSTEM? \_\_\_\_\_

HAVE YOU EVER TAUGHT UNDER A CONTINUING CONTRACT IN OHIO? \_\_\_\_\_

IF SO, INDICATED SCHOOL SYSTEM AND DATE CONTINUING CONTRACT GRANTED \_\_\_\_\_

**TEACHING FIELDS**

MAJOR(S) \_\_\_\_\_ \*SEMESTER HOURS \_\_\_\_\_

MINOR(S) \_\_\_\_\_ \*SEMESTER HOURS \_\_\_\_\_

\*TO REDUCE QUARTER HOURS TO SEMESTER HOURS, MULTIPLY BY 2/3

**APPLICANT FOR POSITION IN: (INDICATE FIRST AND SECOND CHOICE)**

\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL PREPARATION:**

Institution & Location	Major/Minor	Degree
<b>Under Graduate</b>		
<b>Graduate</b>		

**EMPLOYMENT HISTORY**

(Please furnish all requested information on this form: Do not refer to other sources. Please list all FULL TIME experience both within and outside the field of education starting with your present position.)

Institute & Location	Position	From-To	Years	Size(Your Unit)

PRESENT MILITARY STATUS \_\_\_\_\_

\_\_\_\_\_

DATES OF ACTIVE MILITARY SERVICE \_\_\_\_\_

\_\_\_\_\_

**RECOGNITION - HONORS, AWARDS, PUBLICATIONS**


**PROFESSIONAL ORGANIZATIONS, ACTIVITIES, AND/OR NATURE OF PARTICIPATION**


**COMMUNITY LEADERSHIP ACTIVITIES, AND/OR NATURE OF PARTICIPATION**


**HOBBIES**


**REFERENCES:** Please list the names of persons who know of your professional work and qualifications as follows:

**Two persons for whom you worked:**

1. Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Two persons with whom you worked:**

1. Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Two persons who worked under your supervision**

1. Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**I have requested that my confidential file be forwarded from:**

Name of Institution \_\_\_\_\_

Present annual salary \_\_\_\_\_ Salary expected \_\_\_\_\_

As a candidate for this position, I do hereby grant permission for officials of the Edison Board of Education to contact my previous employers, the schools I attended, individuals listed by me on this application, as well as any physician who may have treated me for serious illness, nervous disorders of serious operation for the purpose of obtaining data necessary for employment consideration.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Philosophy of educational administration (Limit to this space). Include reference to organizational management, curriculum, public relations, and fiscal matters.**

**What specific leadership roles have you provided in your current assignment?**

**What are your reasons for wanting to be an administrator in the Edison Schools?**

**In addition to this application you are invited to include any other material you wish to support your candidacy.**

**You are hereby informed that this application must be complete and correct. Any omissions or incorrect statements may be considered as misrepresentation and jeopardize contract conditions.**

**Date \_\_\_\_\_ Signature \_\_\_\_\_**

**Photo required after employment.**

**BCII/FBI CONSENT FORM**

IT IS UNDERSTOOD AND AGREED THAT THE EDISON BOARD OF EDUCATION MAY CONTACT THE BUREAU OF CRIMINAL IDENTIFICATION AND INVESTIGATION FOR A BACKGROUND CHECK AND I HEREBY CONSENT TO SUCH INQUIRY.

I UNDERSTAND THAT IF I AM EMPLOYED PRIOR TO THE SCHOOL DISTRICT'S RECEIPT OF THE BCII/FBI REPORT, MY CONTINUED EMPLOYMENT WILL BE CONDITIONED ON RECEIPT OF A REPORT DEMONSTRATING THAT I AM IN COMPLIANCE WITH THE BOARD OF EDUCATION'S RULES AND REGULATIONS REGARDING APPLICATION/EMPLOYEE CRIMINAL RECORDS AND DISCLOSURE OF CRIMINAL CONVICTIONS.

BY AFFIXING MY SIGNATURE, I AGREE TO THE CONDITIONS LISTED AND WILL, IF EMPLOYED, TENDER MY RESIGNATION OR EMPLOYMENT SHOULD I FAIL TO FULFILL THESE CONDITIONS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**IT IS THE POLICY OF THE EDISON SCHOOL DISTRICT THAT EDUCATIONAL ACTIVITIES, EMPLOYMENT PRACTICES, PROGRAMS, AND SERVICES ARE OFFERED WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, OR AGE.**