



140 SOUTH MAIN STREET
MILAN, OHIO 44846

Name _____
(Last) (First) (Middle/Other Names Used)

Date _____ Application for: Full Time Substitute Teacher Both

Present Address _____
(Street) (City/State/Zip)

(Email address) (Phone)

Have you been a resident of the state of Ohio for the past five (5) years?

Yes No If you have not resided in Ohio for the past five (5) years,

what was your previous address? _____

Present teaching position _____

Social Security number _____

OFFICE USE ONLY:

INTERVIEW DATE(S):

BY _____

ELEM. _____ GRADE _____

SECONDARY _____

SPECIAL _____

PROFESSIONAL DATA

What position(s) are you applying for? _____

Are there any activities you can sponsor/supervise/coach? _____

Please list the Ohio Teaching Certificate(s)/License(s) that you hold and attach a copy of each.

Type (Temporary, 4-year, etc.) Number Expiration Date Subject/Grade Level

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Teaching Fields:

Major(s) _____ *Semester Hours _____

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*To reduce quarter hours to semester hours, multiply by 2/3.

When will you be available for work in this school system? _____

Are you now under contract with another school system? _____

If so, indicate the school system and date continuing contract was granted? _____

TEACHING EXPERIENCE: (Begin with most recent position.)

School & Location	Grade/Subject	Principal/Superintendent	Dates	Number Years Taught
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Extra-Curricular Assignments _____

EMPLOYMENT OTHER THAN TEACHING

Position Held	Employer	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Present Military Status _____ Dates of Active Military Service _____

REFERENCES (If you are an experienced teacher, please include superintendents, principals, and supervisors with whom you have taught. List most recent first.)

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Give name and address where your college credentials may be procured

In order for us to obtain your credentials you must have signed a waiver at your placement office. If the credentials are filed under a name other than the one on this application, please give us that name

PERSONAL DATA

Do you have a physical condition, which might inhibit you from carrying out the duties of the position for which you are applying? Yes No If yes, and you were provided with an auxiliary support system to assist you, could you then fulfill your duties? Yes No Explain briefly _____

Hobbies _____

Honors/Special Interests _____

EDUCATIONAL AND PROFESSIONAL TRAINING

Name and Location of School	Diploma/Degree	Date Received	Cumulative Point Average	Semester Hours Completed
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High School

Undergraduate

Graduate

Other:

Where was undergraduate major or curriculum completed? _____

Where was graduate major or curriculum completed? _____

Where was practice teaching completed? _____ When? _____

What subject or grade level? _____ Grade received _____

Name of critic teacher or supervisor _____

PROFESSIONAL GROWTH

Would you be willing to assist with committee work, such as curriculum revision, professional improvement, student guidance, etc.? Comment:

How do you believe you can contribute to the quality of the Edison Local Schools?

What plans do you have for increasing your effectiveness as a teacher in the years ahead?

Use this space in any way you wish to support your candidacy. You may want to give information about your particular experience or qualifications, abilities, or ambitions.

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 BCI/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. I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY WITHHOLDING OR FALSIFICATION OF INFORMATION ON THIS APPLICATION IS GROUNDS FOR DISMISSAL.

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.