

#### PROFESSIONAL LICENSE APPLICATION EDISON LOCAL SCHOOLS 140 S. MAIN STREET MILAN, OH. 44846

MAIN-419-499-3000 FAX-419-499-4859

### **APPLICATION PROCEDURES:**

1. Please complete this application and return to:

Office of the Superintendent, Edison Local Schools, 140 S. Main Street, Milan, OH. 44846

2. Please enclose a copy of the following:

Completed and signed application form

Copy of current teaching license/certificate or evidence one is available

Up-to-date resume with references

University transcripts

3. Qualified applicants will be contacted directly by the hiring supervisor to schedule an interview.

# **DEMOGRAPHIC INFORMATION**

Name:	Primary Phone:						
Address:							
			Email:				
Military Experience- Yes	No	Years Branch of Service:					
Have you ever been dismissed	or asked to re	esign from any tea	aching or oth	ner educational positions?	YesNo		
If yes, please explain:							
		_	-	employment at a public school			
	-	•		employed by Edison Local Scho	ois.		
Do you have a valid Ohio drive	ers license?	Yes	No				
What position are you applying	g for:						
Reason for leaving present posi-	ition:				·		
EDUCATIONAL PREPARA	TION						
Name of School & Lo	ocation	Sem. Hrs.	Degree	Major-Mino	r		
H.S.							
College							
College							
College							
Other							
Other							



GRADE:

K-8, H.S., Spec, Etc...

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Subject Areas

Expiration

# LIST ALL OHIO LICENSE/CERTIFICATIONS THAT YOU CURRENTLY HOLD OR ARE OBTAINING:

TYPE:

(License, Prof., Perm)

When will you be available for employmen	t?			
Are you currently under contract with anoth				
Have you ever taught under a continuing co				
If so, indicate the district and date contract				
List any activities/sports you are interested				
Dist any activities sports you are interested	m super vising.			
Write a brief summary of your education	n philosophy:			
				-
				-
				-
				-
				-
				-
				-
				-
WORK EXPERIENCE				
WORK EXI EXIENCE				
Institution/Location	Dates	Position	Principal/Supervisor	
	1			



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**REFERENCES**: Give the names, addresses, and phone numbers of at least five people who are familiar with your professional ability, personality, character and scholarship. If you have previous teaching/administration experience, you must include the superintendents and principals with whom you have worked.

Name	Address	Phone Number	Position				
Does the board of education or its agents  Does the board of education or its agents  I certify that the information given in this a  Education and its designee(s) to conduct a  employment history and the Bureau of Crin  nquiries. I further certify that I have not b  designee(s) to perform such background in  applicant who is the finalist for the position	have your permission to have your permission to application is true to the nappropriate reference minal Identification and een convicted of a felon westigations as required	o contact the above named person o contact your current employer?  The best of my knowledge. I authorice check which may include former investigation (BCI) for a backgroup or sex-related offense, and here by law. The fee for the backgroup	res? Yes No Yes No ze the Edison Local School District Body employer(s) for verification of my ound check, and I herby consent to such by authorize the Board of Education and and investigation is to be paid by the	d its			
ppitcant who is the jutaits for the position lisqualification of the applicant for employ and jeopardize employment.							
Date	Date		Applicants Signature				
		CE USE ONLY					
Application received:	<del></del>	Authorized Experience:		-			
nterview Scheduled:		Transcripts Received:		_			
Hire Date: BOE Date:		Credentials Received: _		_			
Position:		Background Checks:		_			

Edison Local School District is an equal opportunity organization and will not allow discrimination based upon age, ethnicity, ancestry, gender, national origin, disability, race, size, religion, sexual orientation, socioeconomic background, or any other status prohibited by applicable law.