

EDUCATION (If you have not yet graduated, list degree and date anticipated)

Name of School	Location	Dates		Sem. Hrs. Earned *1	Grade Point Average *2	Date of Graduation	Degree Earned
		From	To				
High School last attended							
Colleges or Universities Attended							
					Total College Credits		

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

*2. A=4, B=3, C=2, D=1

TEACHING FIELDS

Subject	Semester Hours *1	Grade Point Average *2
Professional Education Courses		

EXTRACURRICULAR ACTIVITY SPONSORSHIP

Check any of the following which you can direct, coach, supervise or sponsor:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Plays | <input type="checkbox"/> Journalism | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Student Government | <input type="checkbox"/> Yearbook | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Clubs | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Chorus | <input type="checkbox"/> Golf | <input type="checkbox"/> Track |
| <input type="checkbox"/> Band | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Football |
| <input type="checkbox"/> Playground Activities | <input type="checkbox"/> Basketball | Other (list) _____ |

OTHER

Have you ever been convicted of any of the following: 1) a felony; b) a misdemeanor that would be a felony on the second offense; c) any sex offense; d) any offense of violence; 3) any theft offense; f) any drug abuse offense? Yes _____ No _____

If yes, please explain nature and date(s) of occurrence(s): _____

Do you have any medically diagnosed health condition(s) which might need special accommodations for performing the position for which you are applying? Yes _____ No _____

If yes, please explain work limitations: _____

TEACHING/ADMINISTRATIVE EXPERIENCE (Include student teaching experience)

Years (Dates)	Name of School	Address	Position Grade or Subjects Taught	Months Of Service

Total teaching experience in years _____ Annual salary in most recent position \$ _____

Reason for leaving present or last position _____

Have you ever held a continuing contract in the state of Ohio? Yes No If yes, where? _____

Have you ever been refused contract renewal? Yes No

MILITARY SERVICE RECORD

Induction Date	Discharge Date	Branch of Service	Length of Service		
			Yrs.	Mo.	Day

OTHER EMPLOYMENT EXPERIENCE

Years (Dates)	Employer	Address	Position	Full or Part-time?

REFERENCES (Name references including superintendents and principals under whom you have taught)

Name – Position	Address	Phone Number

May we contact the above listed references? Yes _____ No _____

STATEMENT

In the space below (*in your own handwriting*) make a statement concerning your attitude toward the teaching profession and your plans and ambitions.

It is understood and agreed that Shelby County Department of Education and/or the Fort Loramie Local Schools may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCI) for a background check and I hereby consent to such inquiries.

I understand that if I am employed prior to the District's receipt of the BCI report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contacts with former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education's rules and regulations regarding applicant/employee criminal records and disclosure of criminal conviction listed in category OTHER.

I further understand that falsification of any and all information on this application shall result in my being disqualified from employment or in my employment being terminated, and under Section 2921.13 of the Revised Code, which is a misdemeanor of the first degree. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.

Signature of Applicant

Date of Application

Please Note: No Acknowledgement of this application will be forthcoming.

Unless reactivated by written request this application will be destroyed two years from date of filing.

Please do not send credentials until they are requested.

This school district provides equal employment opportunities to all people without regard to race, color, age, creed, national origin, sex, religion, or handicap.

THIS SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

**THANK YOU FOR YOUR TIME AND INTEREST IN MAKING APPLICATION TO
FORT LORAMIE LOCAL SCHOOLS**