

# ONTARIO LOCAL BOARD OF EDUCATION

457 Shelby-Ontario Road  
 Ontario, Ohio 44906  
 419-747-4311  
 www.ontarioschools.org

## TEACHER APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, sex, color, age, national origin or handicap.

PLEASE TYPE OR PRINT

DATE OF APPLICATION \_\_\_\_\_

### PERSONAL INFORMATION

Last Name	First Name	Middle Initial
Current Address: (Street, City, State, Zip Code)		Telephone Number:
Previous (Temporary) Address: (Street, City, State, Zip Code)		Cell Phone Number:

### EDUCATION

NAME AND LOCATION OF SCHOOL list High School and College(s) / University(s)	MAJOR	MINOR	NUMBER OF SEMESTER HOURS

List the number of *SEMESTER* hours for each:

Undergraduate degree \_\_\_\_\_  
 Were you certified to teach at the completion of your undergraduate degree YES \_\_\_ NO \_\_\_  
 Additional hours earned past issuance of certification, if you do not have a masters degree \_\_\_\_\_  
 Hours beyond masters degree \_\_\_\_\_

### CERTIFICATION

List each area of certification currently held and certificate expiration date: \_\_\_\_\_  
 \_\_\_\_\_

If previously employed in a school, under what type of contract were you employed? \_\_\_\_\_

Indicate, in order of preference, the subjects or grades you are certified to teach: \_\_\_\_\_

Position applying for:    Elementary \_\_\_            Middle School \_\_\_            High School \_\_\_            Other \_\_\_

**MILITARY SERVICE**

Branch of Service: \_\_\_\_\_

Period of Active Duty: From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

**TEACHING EXPERIENCE**

School System	Administrator or Supervisor	School Year (Month - Year)	Grade or Subject	Position / Salary
Substitute Teaching Experience: List the number of full year(s) you worked as a substitute. (One year of experience is equal to 120 days or more of employment in a school year.)				
Total years of teaching experience, including years of substitute experience. (One year of experience is equal to 120 days or more of employment in a school year.)				

List activities you will supervise or coach: \_\_\_\_\_

**EXPERIENCE OTHER THAN TEACHING**

Employer	Supervisor	Dates of Employment	Type of Work

**PROFESSIONAL REFERENCES**

Name	Address	Phone Number	Qualification as a reference

Please share briefly your philosophy of education.

- A PERSONAL RESUME MAY BE ATTACHED TO THIS APPLICATION FORM WITH ANY OTHER INFORMATION YOU FEEL MAY FURTHER YOUR APPLICATION.
- YOUR APPLICATION WILL BE ACTIVE FOR ONE YEAR FROM THE DATE OF RECEIPT. TO UPDATE YOUR APPLICATION, SUBMIT A REQUEST WITH AN UPDATED RESUME.
- ALL INITIAL CERTIFIED CONTRACTS ARE BASED UPON THE EMPLOYEE OBTAINING THE APPROPRIATE OHIO TEACHING CERTIFICATION. IF FOR SOME REASON CERTIFICATION IS DELAYED, THE TREASURER WILL COMPENSATE THE EMPLOYEE AT THE SUBSTITUTE RATE, IF SUBSTITUTE CERTIFICATION IS OBTAINED. CONTRACTED DAILY PAYMENT WILL COMMENCE ON THE DAY CERTIFICATION IS RECEIVED IN THE CENTRAL OFFICE.
- ALL APPLICATIONS FOR EMPLOYMENT ARE SUBJECT TO A CRIMINAL RECORDS CHECK THROUGH THE BUREAU OF CRIMINAL IDENTIFICATION AND INVESTIGATION PURSUANT TO THE AUTHORITY OF SECTION 3319.32 AND SECTION 109.57. REVISED CODE.
- DUE TO THE LENGTH OF TIME REQUIRED FOR COMPLETION OF THE RECORDS CHECK, IT MAY OCCASIONALLY BE NECESSARY TO EMPLOY A PERSON PRIOR TO THE BOARD OF EDUCATION HAVING RECEIVED THE RESULTS OF THE CRIMINAL RECORDS INVESTIGATION. IN THESE CASES, THE BOARD OF EDUCATION SHALL RELY ON THE APPLICANT INFORMATION PROVIDED IN THE EMPLOYMENT APPLICATION. HOWEVER, BY SIGNING THIS DOCUMENT, I SPECIFICALLY AGREE THAT IF I AM EMPLOYED BY THE BOARD OF EDUCATION PRIOR TO ITS RECEIPT OF A RESPONSE FROM B.C.I., MY EMPLOYMENT SHALL BE CONTINGENT UPON SUBSEQUENT RECEIPT BY THE BOARD OF EDUCATION OF A REPORT FROM B.C.I. WHICH IS CONSISTENT WITH MY ANSWER TO THE ABOVE QUESTION. IN THE EVENT I HAVE BEEN EMPLOYED PRIOR TO THE BOARD OF EDUCATION HAVING RECEIVED A REPORT FROM B.C.I., AND A SUBSEQUENT REPORT FROM B.C.I. IS RECEIVED WHICH IS NOT CONSISTENT WITH MY ANSWER TO THE ABOVE QUESTION, I SPECIFICALLY AGREE THAT THE ACTION OF THE BOARD OF EDUCATION EMPLOYING ME SHALL BE VOID WITHOUT FURTHER ACT BY EITHER PARTY, AND THAT MY EMPLOYMENT WILL TERMINATE IMMEDIATELY WITHOUT THE NECESSITY OF PROCEEDINGS TO FORMALLY TERMINATE MY CONTRACT OF EMPLOYMENT.

DATE \_\_\_\_\_

SIGNED: \_\_\_\_\_

- THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE. I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION REQUESTED MAY RESULT IN MY IMMEDIATE TERMINATION.

DATE \_\_\_\_\_

SIGNED: \_\_\_\_\_