



## CERTIFICATION INFORMATION

Ohio Certification:

Type \_\_\_\_\_ Grade \_\_\_\_\_ Subject Field \_\_\_\_\_

Certificate Number \_\_\_\_\_ Effective Date \_\_\_\_\_

If you do **NOT** hold a valid Ohio Certificate - Have you applied for one? \_\_\_\_\_

Date of Application: \_\_\_\_\_ Areas Applied For: \_\_\_\_\_

List any Out of State Certificates \_\_\_\_\_

Enclose a copy of your **OHIO CERTIFICATE** or other Certificates you hold with this application.

## MILITARY SERVICE RECORD

Service in the armed forces of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Dates served (Active Duty):

From \_\_\_\_\_ to \_\_\_\_\_ Branch of Service \_\_\_\_\_

(Mo/Day/Yr) (Mo/Day/Yr)

Rank when separated from active service \_\_\_\_\_

## TEACHING EXPERIENCE

Have you ever taught under a continuing contract in the State of Ohio? Yes \_\_\_\_\_ No \_\_\_\_\_

When granted? \_\_\_\_\_ Name of School District \_\_\_\_\_

Have you previously taught in the Forest Hills School District? Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_ School \_\_\_\_\_

*Start with present or most recent employer and list all teaching experience including student teaching. (Attach a second sheet if needed)*

| School Year | Beginning Month/Day | Ending Month/Day | Name and Address of School | Subject/Grade | Number of Months Taught |
|-------------|---------------------|------------------|----------------------------|---------------|-------------------------|
|             |                     |                  |                            |               |                         |
|             |                     |                  |                            |               |                         |
|             |                     |                  |                            |               |                         |
|             |                     |                  |                            |               |                         |

Are you currently under contract? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of contract: Limited \_\_\_\_\_ Continuing \_\_\_\_\_ School District \_\_\_\_\_

## PROFESSIONAL REFERENCES

List names of professional educators capable of judging your teaching competence or potential. Beginning teachers must include cooperating teacher and university supervisor for student teaching experience. Experienced teachers must include administrators and supervisors for two most recent teaching assignments.

\_\_\_\_\_ I have requested that my college credentials be forwarded.

| Full Name of Reference | Position | Complete Address: Street, City, State, Zip | Telephone |
|------------------------|----------|--|-----------|
|                        |          |  |           |
|                        |          |  |           |
|                        |          |  |           |

### NON-TEACHING WORK EXPERIENCE

| Name of Employer | Complete Address:<br>Street Number, City, State, Zip | Beginning<br>Mo/Day/Yr | Ending<br>Mo/Day/Yr | Kind of Work |
|------------------|--|------------------------|---------------------|--------------|
|                  |  |                        |                     |              |
|                  |  |                        |                     |              |

### SPECIAL INFORMATION

Check any of the following activities which you are qualified to coach or direct. Use a double check to show actual coaching or directing experience. Give additional information if you desire.

- |  |                                     |                                       |  |
|--|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Athletic Director | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Volleyball   | <input type="checkbox"/> Dramatics       |
| <input type="checkbox"/> Baseball          | <input type="checkbox"/> Soccer     | <input type="checkbox"/> Wrestling    | <input type="checkbox"/> Marching Band   |
| <input type="checkbox"/> Basketball        | <input type="checkbox"/> Softball   | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Orchestra       |
| <input type="checkbox"/> Cross-Country     | <input type="checkbox"/> Swimming   | <input type="checkbox"/> Intramurals  | <input type="checkbox"/> Class Sponsor   |
| <input type="checkbox"/> Football          | <input type="checkbox"/> Tennis     | <input type="checkbox"/> Newspaper    | <input type="checkbox"/> Debate          |
| <input type="checkbox"/> Golf              | <input type="checkbox"/> Track      | <input type="checkbox"/> Yearbook     | <input type="checkbox"/> Student Council |

Clubs: \_\_\_\_\_ Other: \_\_\_\_\_

### EXPERIENCE SUPERVISING ATHLETICS & OTHER EXTRA CURRICULAR ACTIVITIES

| Activity | Employer/Sponsor/Organization | Beginning Mo/Yr | Ending Mo/Yr |
|----------|-------------------------------|-----------------|--------------|
|          |                               |                 |              |
|          |                               |                 |              |
|          |                               |                 |              |

### References for Supervising Athletics & Other Extra Curricular Activities

| Full Name of Reference | Position | Complete Address:<br>Street Number, City, State, Zip | Telephone |
|------------------------|----------|--|-----------|
|                        |          |  |           |
|                        |          |  |           |
|                        |          |  |           |

List membership in professional organizations, published works, academic honors or similar experiences which have contributed to your professional preparation:

|  |
|--|
|  |
|  |

### MEDICAL

Do you have any physical or mental disability that would prevent you from safely and substantially performing the job for which you are applying, or which would require accommodation?

Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL STATEMENT**

Use the space below to present in your handwriting a brief summary of why you chose teaching as a profession.

Have you ever been convicted of any offence in Ohio, or in any other state, which includes one or more of the following: any felony, any sex offence, any offence of violence, any theft offence, or any drug abuse offence? YES \_\_\_\_\_ NO \_\_\_\_\_

A criminal record will not necessarily bar you from employment with Forest Hills, but an untruthful answer will. Stated falsification or falsification by omission will be grounds for immediate dismissal.

Have you ever been disciplined, non-renewed, or terminated from a position of employment as a result of allegations of poor performance or wrong-doing? Have you ever resigned following threats of non-renewal or termination? If so, please explain each such instance.

Is there any reason why you cannot be highly punctual and regular in following any assigned work schedule? Yes \_\_\_\_ No \_\_\_\_  
This will authorize any hospital, doctor, physician or treating practitioner and any person, firm or corporation by whom I was previously employed to release any and all information concerning my health and/or previous employment to the Forest Hills Board of Education and its representatives.

I understand that a criminal records check is required with BCII and/or the FBI prior to or during the early weeks of my being employed. My signature authorizes the Forest Hills School District to obtain these records on me.

In consideration of my employment, I agree to conform to the rules and regulations of the Forest Hills School District. I understand that the falsification of any information given or any failure to state information is ground for immediate rejection or immediate dismissal.

Also, I swear or affirm that the facts set forth above in this application are true and complete. Any material misrepresentation on this application or constitutes sufficient cause for rejection of the application, and for the termination at any time during the employment. I am willing to have a physical examination with the understanding that if the report is unsatisfactory, I will resign or be terminated.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Handicapped applicants are requested to contact the Human Resources Office if special accommodations are needed

APPLICATIONS WILL BE KEPT ON FILE FOR A MINIMUM OF TWO SCHOOL YEARS

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DO NOT WRITE BELOW THIS LINE

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

*The Forest Hills Board of Education affirms that no person shall, on the basis of sex, race, religion, creed, color, national origin or handicap, be excluded from participation in, be denied the benefits of or be subjected to discrimination under any educational program or activity conducted under its auspices. This shall extend to employees therein and to admission thereto. Inquiries concerning the application of this policy may be referred to the superintendent or the designated coordinator.*