

**FAIRFIELD UNION LOCAL SCHOOL DISTRICT
6417 CINCINNATI-ZANESVILLE ROAD NE
LANCASTER, OHIO 43130**

**TEACHER EMPLOYMENT APPLICATION
(PLEASE PRINT)**

PERSONAL DATA

Name _____ Date _____
Last First Middle

Address _____
Street City State Zip

How Long At Present Address? _____ Telephone _____

Email Address _____

TEACHING PREFERENCES AND COMPETENCIES

Level Preferred: (Please indicate your 1st, 2nd and 3rd choice of grade levels)

___Elementary (K-4) ___Middle School (5-8) ___High School (9-12)

Position Preferred: (Please include subject and/or grade level)

1st Choice _____ 2nd Choice _____ 3rd Choice _____

List other subjects you are qualified to teach: _____

List any activities you are willing to supervise; i.e., clubs, groups, drama, etc. _____

List any sports you are willing to coach; i.e., intramurals, volleyball, football, etc. _____

I will be available to start teaching: (date) _____

List and give the extent of any special training you have had that is not mentioned above. Applicants for Grades K-8 (inclusive) complete in as much detail as possible.

CERTIFICATION

Note: Please submit a photocopy of all of your Ohio teaching certificates with this application.

Ohio Certificates You Hold	Date Issued	Date of Expiration	Certificate Number	Subject or Grades Appearing on Certificates

ACADEMIC PREPARATION FOR TEACHING

List high schools, colleges, universities, and training institutions attended.

	Dates Attended	School and Location	Degree/Date	Major and Minor	Semester Hours	Grade Average
H. S.			Diploma			
U N I V E R S I T I E S						

Any degree presently pursuing _____ Date degree to be conferred _____

Distinctions and Honors: _____

Activities: _____

TEACHING EXPERIENCE

A. Student Teaching

Name of School City and State	Grades and Subjects Taught	Supervising Teacher/ Phone Number	Dates

B. Regular Teaching - Include all contracted positions you have held as a certificated teacher and school administrator. List chronologically with most recent positions first. In Ohio, 120 or more days experience in the same school equals one year.

Name of School/ Address (Zip Code)	Superintendent/Principal Name/Phone No.	Grades, Subjects Taught and Related Assignments	Dates		Total Years
			From	To	

You have my permission to contact any of the above mentioned persons? Yes No

Are you presently under contract? Yes No

If yes, to whom? (School System) _____

Have you ever been discharged or requested to resign from a teaching or administration position?

Yes No If yes, explain _____

Have you previously applied for a position in the Fairfield Union Local Schools? Yes No

If yes, explain _____

List participation within the last two years in any professional activity for the improvement of the school(s) where you have been employed: e.g., curriculum revision, pupil progress reports, etc.

OTHER EXPERIENCE

Other work experiences which I believe have been valuable to my career are:

LEGAL NOTIFICATION

It is understood that Fairfield Union Local School District may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCII) for a background check and I hereby consent to such inquiries.

I understand that if I am employed prior to the receipt of the BCII report, my continued employment will be conditional on receipt of a report demonstrating that I am in compliance with the Board of Education rules and regulations regarding applicant/employee criminal records and disclosure of criminal convictions.

Signature _____ Date _____

I promise that the information contained in this application and in my resume is true and complete, and I understand that if it is not, I may be eliminated from consideration for this job. If, after being hired, falsehoods or omissions are discovered in my application or resume, I understand that my employment may be terminated. 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 _____ Date _____

REFERENCES

These should be from persons best qualified and willing to give an objective appraisal of your fitness in the position you seek. Please include administrators with whom you have worked, teachers you have supervised, or parents you have worked with.

Do we have your permission to contact these persons at this time? Yes No
(Please add additional names to your resume.)

Name	Address	Phone No.	Position/Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____