

APPLICATION FOR EMPLOYMENT

TO CERTIFIED POSTION

AN EQUAL OPPORTUNITY EMPLOYER

DOVER CITY SCHOOL DISTRICT
BOARD OF EDUCATION

219 WEST SIXTH STREET
DOVER, OHIO 44622

PLEASE PRINT

Date of Application _____

NAME: _____
(Last) (First) (Middle)

PRESENT ADDRESS: _____
(Street) (City, State) (Zip Code)

PERMANENT ADDRESS: _____
(Street) (City, State) (Zip Code)

Number of Years at above present address: _____

Telephone Number: (Check which preferred) _____ Home: _____

_____ Work: _____

Date Available: _____

Position Applying for: _____ Elementary School _____ High School
(Check one) _____ Middle School _____ Other: _____
(Specify)

What grades or high school subjects are you licensed/certified to teach in Ohio? _____

What kind of a teacher's license/certificate do you hold? _____

_____ Expires when? _____

Are you able to direct or coach any of the following activities?

_____ Speech _____ Girls' Sports _____ Clubs, specify: _____

_____ Drama _____ Boys' Sports _____ Activities, specify: _____

Referral Source: _____ Newspaper advertisement _____ Employee Referral

_____ Walk -in applicant _____ Other: _____

(Specify)

Have you ever applied for a position with the school district?

_____ Yes _____ No If "Yes", when? _____

Have you ever been employed by the school district?

___ Yes ___ No If "Yes", when? _____

Are you currently employed?

___ Yes ___ No If "Yes", where, and in what position? _____

Do you have a relative working for the school district?

___ Yes ___ No If "Yes", state identity and relationship _____

EDUCATION DATA							
School	Name, Number, Street, City, State & Zip Code	Dates Attended	Year Graduated	Degree Received	College Major and Minor	Average Grade	No. of Semester Hours
Elementary School Last Attended							
High School Graduated From							
College							
College							
College							

In the following spaces give a complete record of your teaching experience, including periods of unemployment, if any. Begin with most recent teaching employment and work back. Also, list student teaching experience.

1.

TEACHING EMPLOYMENT HISTORY		
Employer:	Employed: From _____ Mo/Yr To _____ Mo/Yr	Starting position:
Address:		Last position:
Telephone:		Other positions held:
Grades or subject taught:	Immediate supervisor:	

2.

TEACHING EMPLOYMENT HISTORY		
Employer:	Employed: From _____ Mo/Yr To _____ Mo/Yr	Starting position:
Address:		Last position:
Telephone:		Other positions held:
Grades or subject taught:	Immediate supervisor:	

3.

TEACHING EMPLOYMENT HISTORY		
Employer:	Employed: From _____ Mo/Yr To _____ Mo/Yr	Starting position:
Address:		Last position:
Telephone:		Other positions held:
Grades or subject taught:	Immediate supervisor:	

4.

TEACHING EMPLOYMENT HISTORY		
Employer:	Employed: From _____ Mo/Yr To _____ Mo/Yr	Starting position:
Address:		Last position:
Telephone:		Other positions held:
Grades or subject taught:	Immediate supervisor:	

5.

TEACHING EMPLOYMENT HISTORY		
Employer:	Employed: From _____ Mo/Yr To _____ Mo/Yr	Starting position:
Address:		Last position:
Telephone:		Other positions held:
Grades or subject taught:	Immediate supervisor:	

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

1. May we contact your employer(s)? Present Employer: Yes No
Previous Employer(s): Yes No

Please identify any exceptions and reasons for not contacting: _____

2. In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used?

Yes No If "Yes", identify name(s) and relevant dates, _____

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? Yes No

Describe any special job-related training received: _____

OTHER SPECIAL SKILLS

Describe any other special job-related skills, employment positions or qualifications that would support your application: _____

PROFESSIONAL REFERENCES (List three (3) DO NOT INCLUDE relatives)			
Name	Address	Phone Number	How Long Known

GENERAL INFORMATION

1. If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the U.S.?

_____ Yes _____ No

2. If employment is offered, can you produce personal identification such as a U.S. passport, a driver's license or photographic identification card issued by the state?

_____ Yes _____ No

3. Do you have any physical or mental handicaps which may limit your ability to perform the job applied for?

_____ Yes _____ No If "Yes", please explain what can be done to accommodate your limitation? _____

4. Please write a brief statement explaining why you are interested in a position with the Dover City School District. _____

5. What do you think the main objectives of education in the United States should be today?

APPLICANT'S STATEMENT

I hereby affirm that the information on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities. I agree to cooperate in such investigation, and release from all liability or responsibility all persons, school districts and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event I am hired.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identify and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by the law.

Signature of Applicant

Date

IN CASE OF EMERGENCY OR ACCIDENT, whom shall we notify?

Name: _____

Home Address: _____ Business Address: _____

Home Telephone: _____ Business Telephone: _____