

Crestline Exempted Village School District

Application for Certified Employment

Teachers & Substitutes

Last Name		First Name	Middle Name
Present Street Address		Home Phone	
City, State, Zip		Work Phone	
Permanent Street Address		Email Address	
City, State, Zip			
Social Security #	Are you currently under contract with another district?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	What District?		
Date of Availability			

PLEASE READ CAREFULLY AND COMPLETE BY PRINTING IN INK OR TYPING.

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ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 UNDER REVISED CODE, WHICH IS A MISDEMEANOR UNDER THE FIRST DEGREE.

PROVIDE ALL INFORMATION REQUESTED

Your complete application form will be maintained in our active files for 1 year from the date of application. You may submit a new application at any time.

THE CRESTLINE EXEMPTED VILLAGE SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

We are an equal opportunity employer, and we do not and will not discriminate on basis of race, religion, national origin, sex, age, handicap, marital status, status as a disabled veteran or any other protected status. Information provided on this application will not be used for any discriminatory purpose.

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LICENSURE DATA	
Do you hold an ODE Educator License?	<input type="checkbox"/> Yes <i>if no, when expected?</i> <input type="checkbox"/> No
Do you have any pending licenses or endorsements?	<input type="checkbox"/> Yes <i>if yes, indicate below and note as EXPECTED</i> <input type="checkbox"/> No
What type of employment are you willing to accept?	<input type="checkbox"/> Full-Time Contract <input type="checkbox"/> Part-Time Contract <input type="checkbox"/> Temporary Contract <input type="checkbox"/> Substituting <input type="checkbox"/> Other
List all licenses, endorsements, and expirations: <i>(e.g. Initial Ohio 7-12 Integrated Social Studies, expiring ##/##/##)</i>	

MISCELLANEOUS DATA		
Please list any other name reflected on your employment or education records:		
Please answer the following questions with a check in the appropriate column.	YES	NO
Have you ever been dismissed from a teaching position?		
Have you ever been asked to resign from a teaching position?		
Have you ever been refused continuing employment as a teacher?		

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Have you ever had a professional license revoked, suspended, or under review by the Ohio Department of Education?		
Have you ever been convicted, pled guilty or pled nolo contendere to a felony charge?		
Have you ever been convicted, pled guilty or pled nolo contendere to a crime involving child abuse or sexual abuse?		
Have you ever had a report of child abuse or sexual activities involving a K-12 student or minor filed against you with a school district, Children Services Division, a police agency, or in a court?		
Have you previously applied for employment here? <i>If yes, please indicate when below</i>		
Have you previously been employed here? <i>If yes, please indicate when below</i>		
Remarks: 		

Teaching Preferences				
<i>Denote any <u>licensed</u> area for which you are applying. List your preference by indicating 1 as your first choice. Failure to prioritize could adversely affect your chances of being considered.</i>				
Teaching Grade Band Preference (Indicate 1st & 2nd Choice)				
<input type="checkbox"/> Preschool	<input type="checkbox"/> K-5	<input type="checkbox"/> 6-8	<input type="checkbox"/> 9-12	<input type="checkbox"/> Alt. School
Elementary				
<input type="checkbox"/> Early Childhood Ed / Kindergarten _____		<input type="checkbox"/> Middle School (with Elementary cert) _____		
<input type="checkbox"/> Primary (grades 1-3) _____		<input type="checkbox"/> Blended or Multi-Age Classrooms _____		

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<input type="checkbox"/> Intermediate (grades 4-5) _____	<input type="checkbox"/> Other _____
Secondary / Special Services	
<input type="checkbox"/> Adaptive PE	<input type="checkbox"/> Industrial Arts / Trades / Tech Ed / Vocation Ed.
<input type="checkbox"/> Art	<input type="checkbox"/> Learning Disabled
<input type="checkbox"/> Band	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Bilingual/ESL/Multicultural	<input type="checkbox"/> Basic Math
<input type="checkbox"/> Business Education	<input type="checkbox"/> Advanced Math
<input type="checkbox"/> Career Education	<input type="checkbox"/> Mild-Moderate Intervention Specialist
<input type="checkbox"/> Computer Science	<input type="checkbox"/> Moderate-Severe Intervention Specialist
<input type="checkbox"/> Counseling/Guidance/Child Development	<input type="checkbox"/> Multi-Handicapped
<input type="checkbox"/> Dance	<input type="checkbox"/> Nurse
<input type="checkbox"/> Developmentally Handicapped	<input type="checkbox"/> Orchestra
<input type="checkbox"/> Drama	<input type="checkbox"/> PT/OT
<input type="checkbox"/> Driver's Education	<input type="checkbox"/> Reading
<input type="checkbox"/> Drug / Alcohol Specialist	<input type="checkbox"/> Science (Specify): _____
<input type="checkbox"/> English / Language Arts	<input type="checkbox"/> Severely Behavioral Handicap
<input type="checkbox"/> Foreign Language: _____	<input type="checkbox"/> Social Studies
<input type="checkbox"/> General Music	<input type="checkbox"/> Speech
<input type="checkbox"/> Handicapped Learner	<input type="checkbox"/> Testing / Assessment
<input type="checkbox"/> Health	<input type="checkbox"/> Title I
<input type="checkbox"/> Home Economics	<input type="checkbox"/> Vocal Music
<input type="checkbox"/> Home Teaching / Tutoring	<input type="checkbox"/> Work Experience

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<input type="checkbox"/> Librarian	<input type="checkbox"/> Other: _____
<i>Extracurricular Activities you are Qualified to Direct or Coach</i>	
<input type="checkbox"/> Yearbook <input type="checkbox"/> Band <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Cheer <input type="checkbox"/> Cross Country <input type="checkbox"/> Clubs <input type="checkbox"/> Drama <input type="checkbox"/> Football <input type="checkbox"/> Music Theatre	<input type="checkbox"/> Golf <input type="checkbox"/> Newspaper <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis <input type="checkbox"/> Track <input type="checkbox"/> Volleyball <input type="checkbox"/> Wrestling <input type="checkbox"/> Other

EDUCATIONAL RECORD						
<i>School Name</i>	<i>City, State</i>	<i>Major / Subject</i>	<i>Start Date</i>	<i>End Date</i>	<i>Degree / Diploma</i>	<i>Awarded? (Y/N)</i>
<i>High School</i>						
<i>College</i>						
<i>College</i>						

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<i>College</i>						
<i>Other Education / Training</i>						

INSTRUCTIONAL EXPERIENCE

Include only those positions for which a teaching license was required (list most recent first). Approval of experience shall be determined at the time of employment. You will be asked to provide official verification.

<i>Building Name, District Name & Address</i>	<i>Grade</i>	<i>Subject(s)</i>	<i>Full or Part Time</i>	<i>Dates of Employment</i>	<i>Total Years</i>	<i>Reason Left</i>

STUDENT TEACHING EXPERIENCE

Please list experience in a recognized teacher preparation program only.

<i>Building Name, District Name & Address</i>	<i>Grade</i>	<i>Subject(s)</i>	<i>Dates</i>	<i>Supervising Teacher</i>

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EXPERIENCE OTHER THAN TEACHING

List work experience other than teaching. Do not list military experience here.

<i>Employer</i>	<i>Address</i>	<i>Position</i>	<i>Dates of Employment</i>

US MILITARY RECORD

Branch of Service & Final Classification	From	To	Type of Discharge

PROFESSIONAL REFERENCES

Give references (a minimum of three), especially superintendents or principals under whom you have taught, and who have first-hand knowledge of your character, personality, and teaching ability.

Name	Position / District	Address	Work Phone	Home Phone

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SPECIAL TRAINING

*Please indicate experience or training in any of the following specific classes or workshops.
Use a "T" to indicate training, "E" to indicate experience, and a "T/E" to indicate both.*

<input type="checkbox"/> Authentic Assessment <input type="checkbox"/> Child Abuse / Personal Safety <input type="checkbox"/> Computer Training <input type="checkbox"/> Cooperative Learning <input type="checkbox"/> Conduct Disorders <input type="checkbox"/> Critical Thinking Skills <input type="checkbox"/> Current First Aid Card <input type="checkbox"/> Curriculum Integration <input type="checkbox"/> Dev. Appropriate Practice <input type="checkbox"/> Drug / Alcohol Problems <input type="checkbox"/> Equality Awareness	<input type="checkbox"/> Fountas & Pinnell LLI <input type="checkbox"/> Gifted Education <input type="checkbox"/> Inclusive Education <input type="checkbox"/> Integrated Curriculum <input type="checkbox"/> ITIP <input type="checkbox"/> Learning Skills <input type="checkbox"/> Marzano Instruction <input type="checkbox"/> Middle Level Education <input type="checkbox"/> Multi-Age Class <input type="checkbox"/> Multicultural Awareness <input type="checkbox"/> Nonviolent Crisis Intervention	<input type="checkbox"/> Peer Coaching <input type="checkbox"/> Phonics <input type="checkbox"/> Portfolios <input type="checkbox"/> Remedial Education <input type="checkbox"/> School-to-Work <input type="checkbox"/> Signing <input type="checkbox"/> Study Skills <input type="checkbox"/> Task Writing / Rubrics <input type="checkbox"/> Visual / Manipulative Math <input type="checkbox"/> Whole Language <input type="checkbox"/> Other:
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EMPLOYMENT ELIGIBILITY

<p><i>Are you a US Citizen or otherwise legally authorized to work in the US?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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ACKNOWLEDGEMENT

Applications received by the school district will remain active until December 31 following the date of receipt. Renewal will be made for the ensuing year upon request of the applicant. A personal interview is required before an applicant can be recommended for hire. Interviews are held only when there is an opening. Do not include letters of recommendation you wish returned, but attach copies instead.

I understand that any omissions on this application may prevent my application from being evaluated. I authorize the school district to obtain information about my criminal records. I authorize all governmental agencies to provide information about my criminal records to the school district. I verify that all information on this employment application is true and complete. I understand that any misrepresentation, falsification, or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district or for discharge if I have been employed.

I authorize the school district to check my references to obtain information from my prior employers and educational institutions, to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a teaching position. I authorize my listed references, past employers, educational institutions and anyone else who has information about my work history, education qualification or fitness to provide such information to the school district for which I have completed an employment application. I release the school district and all persons providing information to the school district from any liability whatsoever for obtaining and providing that information regardless of the results.

Signed: _____ Date: _____