

# Application for Employment CERTIFIED STAFF

**ANSWER ALL QUESTIONS – PLEASE TYPE OR PRINT**

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
LAST FIRST MIDDLE

Permanent Address

Temporary Address

STREET \_\_\_\_\_

STREET \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a United States citizen? Yes  No

**TYPE OF EMPLOYMENT DESIRED:**

**Educational Services**

- \_\_\_\_\_ Administration & Supervision
- \_\_\_\_\_ Career - Technical Teacher
- \_\_\_\_\_ Academic Teacher
- \_\_\_\_\_ Guidance
- \_\_\_\_\_ Other

Position for which application is being made \_\_\_\_\_

Basis of employment desired: Full Time  Part Time  Substitute

Have you ever been discharged or asked to resign from any position?

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

|                                   |       |
|-----------------------------------|-------|
| <b>DO NOT WRITE IN THIS SPACE</b> |       |
| Date received                     | _____ |
| Experience years                  | _____ |
| Teaching                          | _____ |
| Military                          | _____ |
| Related WE                        | _____ |
| Salary class                      | _____ |
| Salary step                       | _____ |
| Basic salary                      | _____ |
| Prorated                          | _____ |
| Starting date                     | _____ |
| Salary                            | _____ |
| Special Allowance                 | _____ |
| Total Salary                      | _____ |
| Date                              | _____ |
| Interviewed by                    | _____ |
| Referred to                       | _____ |

**MILITARY STATUS**

|   |   |
|---|---|
| <i>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</i> | Branch of Service _____                                     |
| Describe your duties and any special training.                      | Period of active duty (Month & Year)<br>From _____ To _____ |
|   | Rank of discharge _____                                     |
|   | Date of final discharge _____                               |
|   |   |

**PART II: PROFESSIONAL STATUS**

**EXPERIENCE**

Total teaching experience in years \_\_\_\_\_ Related work experience in years \_\_\_\_\_

School last taught at \_\_\_\_\_ District \_\_\_\_\_ County \_\_\_\_\_

Reason for leaving present position \_\_\_\_\_

If currently teaching, check type of contract you now hold:  Limited  Continuing

**OHIO CERTIFICATION**

Check type in force:  License  Provisional (4 years)  Professional (8 years)  Permanent or Life  Temporary  Out-Of-State  Other (Explain) \_\_\_\_\_

Certificate/License \_\_\_\_\_ Expiration date \_\_\_\_\_  
 Certificate/License \_\_\_\_\_ Expiration date \_\_\_\_\_  
 Certificate/License \_\_\_\_\_ Expiration date \_\_\_\_\_

If High School Career Technical Certificate, list the subject matter areas in which you are certified

| Subjects | Semester hours preparation |
|----------|----------------------------|
|          |                            |
|          |                            |
|          |                            |

**PART III: PROFESSIONAL TRAINING**

**EDUCATIONAL RECORD**

| School     | Circle Highest Years Attended | Name of School | Location | Certificate or Degree |
|------------|-------------------------------|----------------|----------|-----------------------|
| High       | 1 2 3 4                       |                |          |                       |
| Vocational | 1 2 3                         |                |          |                       |
| Technical  | 1 2 3                         |                |          |                       |
| College    | 1 2 3 4 5                     |                |          |                       |
| Other      | 1 2 3                         |                |          |                       |

\*Special Schools, such as evening, apprentice, correspondence, extension, etc.

Semester Hours of College Credit beyond last degree: Graduate credit \_\_\_\_\_ Undergraduate \_\_\_\_\_

Are your licenses/certificates current?  Yes  No

List licenses/certificates held (e.g. RN, Cosmetology, ASE) \_\_\_\_\_

**PART IV: PROFESSIONAL EXPERIENCE**

**EDUCATIONAL EMPLOYMENT EXPERIENCE**

If you have had none, write "No Experience"

| Name of School | Address | DATES OF EMPLOYMENT |      |    |      | Number of Months | Subject (s) Taught |
|----------------|---------|---------------------|------|----|------|------------------|--------------------|
|                |         | From                |      | to |      |                  |                    |
|                |         | Mo                  | Year | Mo | Year |                  |                    |
|                |         |                     |      |    |      |                  |                    |
|                |         |                     |      |    |      |                  |                    |
|                |         |                     |      |    |      |                  |                    |
|                |         |                     |      |    |      |                  |                    |
|                |         |                     |      |    |      |                  |                    |
|                |         |                     |      |    |      |                  |                    |

**EDUCATIONAL REFERENCES** (Give at least three references, including the superintendent under whom you have taught. If you have never taught under contract, list your critic teachers.)

| Name | Address | Cell ( )  |
|------|---------|-----------|
|      |         | Phone ( ) |
|      |         | Cell ( )  |
|      |         | Phone ( ) |
|      |         | Cell ( )  |
|      |         | Phone ( ) |

**NON-EDUCATIONAL EMPLOYMENT EXPERIENCE** (List last employer first.)

| Name of Employer | Mailing Address | OFFICIAL JOB TITLE | DATES OF EMPLOYMENT |      |    |      | Number of Months |
|------------------|-----------------|--------------------|---------------------|------|----|------|------------------|
|                  |                 |                    | From                |      | To |      |                  |
|                  |                 |                    | Mo                  | Year | Mo | Year |                  |
|                  |                 |                    |                     |      |    |      |                  |
|                  | Email:          |                    |                     |      |    |      |                  |
|                  |                 |                    |                     |      |    |      |                  |
|                  | Email:          |                    |                     |      |    |      |                  |
|                  |                 |                    |                     |      |    |      |                  |
|                  | Email:          |                    |                     |      |    |      |                  |
|                  |                 |                    |                     |      |    |      |                  |
|                  | Email:          |                    |                     |      |    |      |                  |

**EMPLOYMENT REFERENCES** (List three persons, not related, who can certify the quantity and quality of your employment experience as reported above.)

| Name | Official Title/Position | Present address | Business/Occupation |
|------|-------------------------|-----------------|---------------------|
|      |                         |                 | Cell ( )            |
|      |                         | Email:          | Phone ( )           |
|      |                         |                 | Cell ( )            |
|      |                         | Email:          | Phone ( )           |
|      |                         |                 | Cell ( )            |
|      |                         | Email:          | Phone ( )           |

May we contact your present employer?  Yes  No

**REMARKS** (Add any information, facts or special licenses that will supplement your qualifications.)

Have you ever been convicted of any crime where you endangered the life or well being of a child?  Yes  No

***I affirm the facts set forth in this application are true and complete, and I understand that false statements or information withheld on this application shall be considered sufficient cause for dismissal. I hereby authorize the release of all information from previous employers, educational institutions, and records to the Springfield/Clark County CTC Board of Education. I also grant permission for a background search by the Clark County Sheriff's Department or any other law enforcement agency deemed necessary (a signature is required for employment consideration).***

Signature \_\_\_\_\_

**NOTE:** Your application will remain in our active file for one (1) year. If you would like to continue your application after that time, please notify our office in writing.

Upon employment, the following credentials must be filed with the Treasurer, Board of Education.

1. Signed contract for the current school year.
2. Ohio Teaching Certificate/License\*.
3. Transcript of college credits, if applicable.
4. Form W-4 Withholding Exemption Certificate.
5. Ohio Withholding Exemption Certificate.
6. City Tax Withholding Exemption Certificate.
7. Employment Eligibility Verification Form I-9.
8. Ohio Retirement System Form.
9. Certificate of Accumulated **OHIO** Sick Leave, if applicable.
10. Written evidence of recent T.B. skin or chest x-ray.

To obtain the proper forms or application, contact the office of the Treasurer at your earliest convenience.

\*Original documents will be returned upon request after photo-copies are made.

**IT IS THE POLICY OF THE SPRINGFIELD/CLARK COUNTY CTC THAT EDUCATIONAL ACTIVITIES, EMPLOYMENT, PROGRAMS AND SERVICES ARE OFFERED WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, GENDER, DISABILITY OR AGE.**