



*Ensuring the highest quality education
to prepare all students for their futures
through an innovative, diverse and safe
learning environment.*

Wheelersburg Local Schools
PO Box 340
Wheelersburg, OH 45694
Phone (740) 574-8484
Fax (740) 574-6134
www.wheelersburg.net



Employment Application Cover Sheet

1. All persons wishing to be considered for employment must complete the Application for Employment.
2. Applicants shall be screened on the basis of their application and references. Personal interviews are scheduled with selected applicants.
3. Applications will be considered active for twelve (12) months from the date filed. If you are hired, it becomes part of your official employment record.

A COMPLETE APPLICATION CONSISTS OF THE FOLLOWING:

- ✓ Completed and signed application form.
- ✓ Up-to-date resume
- ✓ Copy of Praxis Score Report, NTE Scores or OAE Scores
- ✓ Copy of relevant licenses or certificates
- ✓ Copy of transcript



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APPLICATION FOR CERTIFICATED EMPLOYMENT

Personal Information: (Please complete using computer or print)

Date: _____

Last Name	First	Middle	
Street Address			Home phone (____) _____
			Work phone (____) _____
City	State	Zip Code	Cell phone (____) _____

Position:

Teaching Areas (List subjects and/or grades in order of preference.) Be specific. Must be certified/licensed or able to get licensed in each area of choice.

Administration, Counselor,
Other (List preferred areas)

1. _____	3. _____
2. _____	Date available for Employment: _____

Are you presently under contract to another district? Yes No

Date contract expires: _____

Date available for employment: _____

Have you ever taught under a continuing contract? Yes No
 If yes, the school district and date a continuing contract (tenure) was granted:

School District _____ Date _____

Licensure:

Enclose a copy of your Ohio license/certification and complete the information below pertaining to it, or if Ohio licensing is in progress, list subjects/grades you anticipate receiving licensure.

Ohio Teaching Licenses you currently hold: 2-yr. Provisional, 5-yr. Professional, Temporary	Ohio Teaching Certificates you currently hold: 8-yr. Professional, Permanent	Certificate/License Number	Expiration Date	Subjects/Grades

Other states in which you hold a valid teaching license: _____ . Please include copies.

List extra-curricular activities in which you are interested and willing to supervise or coach:

Activities

1. _____
2. _____
3. _____

Athletics

1. _____
2. _____
3. _____

Have you ever served on school-related committees?

Yes _____ No _____

Specify committees: _____

Educational Preparation:

High School Name: _____

Location: _____

Undergraduate and Graduate Academic Programs. Please list all colleges and universities attended.

College or University	Location	Field/Major	Degree	GPA

Student Teaching:

School and address _____

Supervising Teacher _____ Subject or grade level _____

Other training, if any: _____

Employment:

Professional Experience: (Most recent position first)

School	Address	Grade/ Subject	Principal/ Supervisor	Phone	Dates Mo/Yr to Mo/Yr

Employment other than teaching/education: (Three most recent)

Type of Work	Employer and Address	Supervisor	Phone	Dates Mo/Yr to Mo/Yr

Educational References:

1. Applicant must provide three references and must include current employer if employed, or last employer if not currently employed.
2. Applicants who are beginning teachers registered with a college placement office must include a reference from student teaching supervisor.
3. References from relatives or persons who can evaluate only your personality and character are not acceptable.

Name	Position/Relationship	Mailing Address	Phone

Additional Information:

Check appropriate answer. Candidates are subject to a criminal/background check, including fingerprinting.

- | | | |
|------------|-----------|--|
| Yes | No | |
| _____ | _____ | Have you ever been suspended, dismissed, fired, or discharged from a position of employment? |
| _____ | _____ | Have you ever had a teaching certificate/license suspended or revoked? |
| _____ | _____ | Have you ever been asked to resign from a position of employment? |

If your answer to any of the above questions is yes, please explain on a separate page and include with application.

Respond to the following two questions in your own handwriting. If you need more space, attach a sheet.

1. Please give a candid description of yourself, stressing those personal qualities which you feel characterize your work and abilities.

2. Please describe any experiences which you feel have significantly contributed to your abilities for the position you are seeking.

READ CAREFULLY BEFORE SIGNING:

The undersigned applicant hereby expressly authorizes the Wheelersburg Local School District Board of Education, its agents, and its employees to check references, obtain transcripts from educational institutions, investigate my personal or employment or employment history, and perform other investigations as allowed by law.

I recognize that under Ohio Revised Code 3319.39(A), the District must request a criminal background check from the FBI and Bureau of Criminal Investigation, unless certain exceptions apply. If I have been convicted of an offense described by Ohio Revised Code 3319.39(B), or other applicable laws and regulations, I may not be eligible for employment. Any offer of employment is contingent on a successful background check in compliance with Ohio law. Accordingly, I authorize the District perform statutorily required background checks.

Furthermore, I recognize that in compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

In consideration of the review of my employment application by the Wheelersburg Local School District Board of Education, its members, officers, agents or its employees, I hereby release the Wheelersburg Local School District Board of Education and any and all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information. A copy of this consent and release shall be considered as a duplicate original.

I have read the information contained in this application carefully and have given is true and accurate. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant

Date

If any of your educational or employment records are under any other name(s) other than the above name, please provide other name(s):

An Equal Opportunity Employer