

CERTIFICATED EMPLOYMENT APPLICATION

FOR OFFICE USE

Lowellville School District
52 Rocket Place
Lowellville, Ohio 44436
Phone: (330) 536-6318 Fax: (330) 536-8221

Date received _____
Date entered _____
Date interviewed _____

Last Name _____ First Name _____ Middle Initial _____

Present Address _____

_____ City _____ State _____ Zip _____

Home Phone () _____ Alternate Phone () _____

Email Address _____

Position(s) applied for:

- | | | | |
|--|---|--|---|
| <p>Teacher:</p> <p><input type="checkbox"/> Kindergarten</p> <p><input type="checkbox"/> Elementary</p> <p><input type="checkbox"/> Middle School</p> <p><input type="checkbox"/> High School</p> | <p>Specialist:</p> <p><input type="checkbox"/> Administrator</p> <p><input type="checkbox"/> Supervisor</p> <p><input type="checkbox"/> Counselor</p> <p><input type="checkbox"/> Psychologist</p> <p><input type="checkbox"/> Nurse</p> | <p>Special Teacher in:</p> <p><input type="checkbox"/> Art</p> <p><input type="checkbox"/> Computer Science</p> <p><input type="checkbox"/> Health</p> <p><input type="checkbox"/> Music</p> <p><input type="checkbox"/> Physical Education</p> <p><input type="checkbox"/> Reading</p> <p><input type="checkbox"/> Library Media</p> | <p>Special Education:</p> <p><input type="checkbox"/> OH</p> <p><input type="checkbox"/> HH</p> <p><input type="checkbox"/> VH</p> <p><input type="checkbox"/> MH</p> <p><input type="checkbox"/> SLD</p> <p><input type="checkbox"/> DH</p> <p><input type="checkbox"/> SBH</p> <p><input type="checkbox"/> Speech/Language Pathologist</p> |
|--|---|--|---|

Type of Application

<input type="checkbox"/> New Application	<input type="checkbox"/> Full-time Applicant	<input type="checkbox"/> Substitute Teaching <u>Only</u>
<input type="checkbox"/> Previous application on file	<input type="checkbox"/> Substitute Teaching	

Extra Curricular Activities you are qualified and willing to supervise, sponsor, or coach: _____

Type of Ohio Certificate(s)/License(s) Held or Applied For	Temporary, Provisional, Professional, or Permanent	Subject Areas Listed on Certificate	Date Issued

EDUCATION:

Schools Attended	Location	Degree Received

Educational Awards and Achievements _____

Additional training or experiences that are relevant to your professional goal _____

STUDENT TEACHING/FIELD EXPERIENCES:

School District	School Building	Grades/Subjects Taught	Dates

EMPLOYMENT:

Name/Address of Employer	Title or Description	Full	Part	Dates (Mo/Yr)	
				From	To

MILITARY:

Dates of Service	Branch of Service	Location(s)	Assignment(s)

REFERENCES (Two work related; one personal)

Full Name	Position	Complete Address (Include Zip Code)	Phone Number

Applications are considered active for two-years from date of receipt. If you wish consideration for the ensuing school year, you should notify the Personnel Office to reactivate your application. Please notify us with any changes of address or phone number. Notification that you are no longer available will be appreciated.

Along with this completed application, we recommend that you submit the following:

- Credentials or references (including student teacher evaluation if applicable)
- Complete transcripts of all college or university work
- Copy of all Ohio Certificates
- Resume
- BCI Report

LOWELLVILLE SCHOOL DISTRICT AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that the Board of Education may want to verify the statements I have made in this application. I hereby give my permission for the Lowellville School District or its authorized representative, either at this time or any time prior to or during my employment with the Board, to make any investigation of my personal or employment history and authorize any former employer, educational institution, person, firm, corporation, or government agency to give the Board of Education any information they may have regarding me. I understand that a reference check will be conducted including a criminal records check consistent with provisions of O.R.C. 109.57 and 3319.311. In consideration of the Lowellville School District's review of this application, I release the Lowellville School District and all providers of information from any liability as a result of furnishing and receiving this information.

Further, the undersigned authorizes all persons listed as "references" on this application to provide a personal evaluation of my abilities and potential for a position for which I am a candidate. I acknowledge that said information is subject to public records law of the State of Ohio. This application and all other pre-employment documents become the property of the Lowellville Board of Education.

The undersigned certifies that all statements on this application are true and complete, and any false or incomplete statements may result in disqualification or dismissal if employed.

I AGREE

Signature

Date

The Board of Education, Lowellville School District is an equal opportunity employer and does not discriminate with regard to its employment policies, personnel practices or educational programs. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, age, sex, ancestry, national origin or non-job related handicap or disability.