

Carlisle Local Schools

724 Fairview Drive * Carlisle, Ohio 45005 * Warren County * 937-746-0710

TEACHING APPLICATION

Date: _____

Position you're applying for: _____

Name: _____ Maiden: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Address (if different than current): _____

Home phone: _____ Cell phone: _____

Email: _____

Social Security Number: _____

EDUCATION:

<u>Preparation</u>	<u>School</u>	<u>Dates Attended</u>	<u>Graduation Date</u>	<u>Degree</u>
High School				
College/University				
College/University				
Postgraduate				

UNDERGRADUATE TRAINING:

<u>Majors</u>	<u>Semester Hours</u>	<u>Minors</u>	<u>Semester Hours</u>	<u>Total # of Semester Hours</u>	
				<u>Undergrad.</u>	<u>Graduate</u>

Military Service: _____

Certificates Held: _____

PROFESSIONAL EXPERIENCE: *(include student teaching)*

<u>School</u>	<u>County</u>	<u>State</u>	<u>Dates</u>	<u>Grades/Subjects</u>
				Total years taught =

All subjects and grades you are certified to teach: _____

Subjects and grades you prefer to teach: _____

During the past 5 years, how many days have you missed work due to illness or other reasons? _____

Are you able to be punctual and regular in an assigned work schedule? _____

Have you ever been disciplined, non-renewed, or terminated from a position of employment as a result of allegations of poor performance or wrongdoing? _____

Extracurricular activities you may like to supervise *(name in order of preference)*:

1) _____ 3) _____

2) _____ 4) _____

REFERENCES:

	<u>Name</u>	<u>Address and Phone Number</u>	<u>Position</u>
1			
2			
3			
4			

APPLICANT'S CONSENT TO BACKGROUND INVESTIGATION

Ohio law requires a Board of Education to conduct a criminal record check of any applicant who is receiving final consideration for a position involving the care, custody, or control of school children. Further, a Board of Education must be able to communicate freely with the persons listed as references by the applicant, as well as other persons and organizations who may have knowledge of the qualifications and fitness of the applicant for the position.

By your signature below, you agree to:

- 1) Be fingerprinted for both State and Federal background checks by an authorized agency, at the expense of the applicant.
- 2) Provide copies of the background check results for both State (Ohio Bureau of Criminal Identification and Investigation) and Federal (FBI) to the Board of Education. Result reports must not be more than 12 months old.
- 3) Authorize the Board of Education to make inquiries of past employers, and other persons and entities, whether listed among your references or not, for the purpose of determining your qualifications and fitness for the position.

The completion of this section is required for further consideration of your application.

Applicant's Signature

Date

Any material misrepresented on this application form constitutes sufficient cause for rejection of the applicant, and for any termination at any time during employment.

OTHER DATA REQUIRED FOR EMPLOYMENT:

Copy of Teaching License(s)

Certified (original) copies of transcripts

Resumé

CARLISLE BOARD OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER.