

"AN EQUAL OPPORTUNITY EMPLOYER"

Claymont City Schools

CERTIFIED EMPLOYMENT APPLICATION



Return to:
Superintendent
Claymont City Schools
201 N. Third Street
Dennison, OH 44621
Phone: 740-922-5478
Fax: 740-922-7325

FULL TIME

SUBSTITUTE

Applicant's Name

Date

Address

Phone

POSITION APPLYING FOR

TEACHER

GRADE

SUBJECT AREA

Elementary

Jr. High

High School

Special Educ.

ADMINISTRATOR

Elementary

Middle School

High School

PERSONAL DATA

Social Security Number

Military Service Yes No Total Number of Years Service

CERTIFICATION/LICENSE DATA

Certificate	State	Type	Valid Areas	Expiration Date

Please provide a copy of your certificate/license.

EDUCATION

SCHOOLS ATTENDED	LOCATION	DATES	MAJOR	MINOR	DEGREE
High School	Name City	Year Graduated <input style="width: 50px;" type="text"/>			
Undergraduate	Name City	<input style="width: 50px;" type="text"/> to <input style="width: 50px;" type="text"/>			
Undergraduate	Name City	<input style="width: 50px;" type="text"/> to <input style="width: 50px;" type="text"/>			
Graduate Study	Name City	<input style="width: 50px;" type="text"/> to <input style="width: 50px;" type="text"/>			
Graduate Study	Name City	<input style="width: 50px;" type="text"/> to <input style="width: 50px;" type="text"/>			

Total Accumulated Semester Hours of Credit

TEACHING / WORK EXPERIENCE

List teaching and other work experience: (list most recent experience first)

FROM: MO. YR.	TO: MO. YR.	NO. YEARS/MO.	TITLE OF POSITION	FINAL SALARY
NAME OF EMPLOYER			DUTIES	
ADDRESS		PHONE#		
NAME OF SUPERVISOR			REASON FOR LEAVING	

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NAME OF EMPLOYER			DUTIES	
ADDRESS		PHONE#		
NAME OF SUPERVISOR			REASON FOR LEAVING	

1. Total teaching experience in school years (A school year is defined as a period of not less than 120 school days in the same school year.)
2. Have you ever held a continuing contract (tenure) in Ohio? Yes No
If yes, name of school district?
3. Are you presently under contract to a school district for next year? Yes No
If yes, name of school district?

List any extra curricular activity or club you would be willing to advise or coach?

REFERENCES

List at least three professional references.
Others may be character references. **(DO NOT include relatives.)**

Name	Address	Phone Number	# of Years Known

APPLICANT'S STATEMENT

I hereby affirm that the information on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment activities. I agree to cooperate in such investigation, and release from all liability or responsibility all persons, school districts and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event I am hired.

I understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by the law.

Applicant's Signature Date