

ADMINISTRATIVE APPLICATION

PERSONAL INFORMATION

Full Name:		Social Security #
Present Address:		
Home Phone:	Cell Phone:	
E-Mail Address:		
Permanent Address:		
Are you under contract?	Date of Contract Expiration:	
Present Salary:	Military Service: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Available:	If yes, Years of Service:	

EDUCATION

School Name & Address	Area of Study	Diploma or Degree	Total Time/Years	Semester Hours Credit
High School:				
College:				
University:				
Graduate School:				
Special:				

Scholastic standing in undergraduate and graduate school. Please give grade point average to date.

Undergraduate: _____

Graduate: _____

TEACHING/ADMINISTRATIVE EXPERIENCE (most recent first)

Name of School Location & Phone	Superintendent/Principal Name and Phone	Grades or Subjects Taught or Position Held	Dates From-To	# of Years	# of Teachers in System

CERTIFICATE/LICENSE

Type of Certificate/License (Permanent, Professional, Provisional, 2 Year License, 5 Year)	Certificate/License Area (Elementary, Secondary, Middle Grades)	Grade Level	Date of Expiration

REFERENCES

Give five references including, but not limited to, superintendents, principals, and supervisors under whom you have taught who have first-hand knowledge of your character, personality, scholarship, and teaching ability. Include name of supervising teacher for student teaching.

Reference Name	Reference Phone	Reference E-Mail

You have my permission to contact any of the above-mentioned persons: Yes No

List three books/articles/publications, along with the names of the authors, which you have read in the past year. Explain what interested you most about the content of each and why. Please attach additional pages, if needed.

Title of Book/Article/Publication	Author Name	Explanation

Please list awards, scholarships or special recognition you have received:

Please list community organizations, volunteer service or offices held:

Please attach an example of your writing skills that best represents an achievement or accomplishment of which you are proud. Please limit your example to a reasonable length.

Please attach copies of any examinations you have taken (Praxis, etc.).

Have you ever been convicted of, or presently charged with, any violation other than a traffic offense for which the sole penalty was/is less than \$100.00? Yes No

If yes, please explain nature and date(s) of occurrence(s):

Are there any reasons why you would not be able to perform any of the essential functions of the job for which you are applying (with or without a reasonable accommodation that would not impose an undue hardship)? Yes No

If yes, please explain:

PLEASE READ CAREFULLY

“With the understanding that falsification of any information furnished on this application is grounds for the rejection of this application or dismissal after my employment (if I am hired), I certify that all such information is true and complete to the best of my knowledge, and I hereby authorize agents of the Galion City Schools and those acting in accordance with their direction to investigate same. I understand that any such investigations may include, but need not be limited to, an inquiry to the Ohio Bureau of Criminal Identification and Investigation and to other law enforcement agencies; I accordingly agree to cooperate promptly and fully during the application process in being fingerprinted and otherwise in completing and signing all forms required for any such inquiry, and I acknowledge that my failure so to cooperate shall cause the rejection of my application. Further, I hereby give my permission to the Ohio Bureau of Criminal Identification and Investigation and other law enforcement agencies, as well as any and all other persons and entities who might have knowledge concerning information that I have provided on this form, to disclose to agents of the Galion City Schools and those acting in accordance with their direction all pertinent information in their possession (except to the extent that I have expressly stated otherwise on this form), and I release those so requesting, receiving, and providing that information, and their respective agents and principals, from any and all liability in connection therewith to the full extent permitted by law.”

SIGNATURE: _____ DATE: _____

The Galion City School District is an Equal Opportunity Employer and no person shall be excluded from employment on the basis of protected class status.

For Office Use Only

Date of Interview:	Effective Date:
Interviewer:	Salary:
Transcript(s):	Assignment
Certification:	References: