

## TEACHER APPLICATION

Date of Application: \_\_\_\_\_

Position in which you are applying: \_\_\_\_\_

### PERSONAL INFORMATION

|   |                                      |   |                    |
|---|--------------------------------------|---|--------------------|
| Last Name:  | First Name:                          | M.I.:                                     | Last 4 Digits- SS# |
| Present Address:  |                                      |   |                    |
| Permanent Address:  |                                      |   |                    |
| Home Phone:   |                                      | Cell Phone:                               |                    |
| E-Mail Address:   |                                      |   |                    |
| Are you Under Contract?                                       | If yes, date of contract expiration: | Date Available:                           |                    |
| Military Service? If, Yes, please indicate Branch of Service: |                                      | If yes, please indicate years of service: |                    |

### CERTIFICATE/LICENSE

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

### EDUCATION

| School Name & Address | Area of Study | Diploma or<br>Degree | Dates of<br>Attendance | # of Semester<br>Hours | GPA |
|-----------------------|---------------|----------------------|------------------------|------------------------|-----|
| High School:          |               |                      |                        |                        |     |
| College/University:   |               |                      |                        |                        |     |
| College/University:   |               |                      |                        |                        |     |
| Special Training:     |               |                      |                        |                        |     |

Please indicate number of semester hours beyond Master's Degree, if applicable: \_\_\_\_\_

**TEACHING EXPERIENCE**

Please list most recent experience first. Additionally, please list number of full years you worked as a substitute (at least 120 days), if applicable.

| School Name & Location | Administrator Name & Phone | Grades/Subjects Taught | Dates From-To | # of Years | Type of Contract | Salary |
|------------------------|----------------------------|------------------------|---------------|------------|------------------|--------|
|                        |                            |                        |               |            |                  |        |
|                        |                            |                        |               |            |                  |        |
|                        |                            |                        |               |            |                  |        |
|                        |                            |                        |               |            |                  |        |

**REFERENCES**

Give four 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 (if within the past three years).

| Reference Name | Reference Phone | Reference E-Mail | Permission to Contact? |
|----------------|-----------------|------------------|------------------------|
|                |                 |                  |                        |
|                |                 |                  |                        |
|                |                 |                  |                        |
|                |                 |                  |                        |

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 attached additional pages, if needed.

| Title of Book/Article/Publication | Author Name | Explanation (Use back, if needed) |
|-----------------------------------|-------------|-----------------------------------|
|                                   |             |                                   |
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|                                   |             |                                   |

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

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Please list community organizations, volunteer service or offices held:

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**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.  
No person shall be excluded from employment on the basis of protected class status.

Office Use Only

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