



# Fort Recovery Local Schools

400 East Butler Street, P.O. Box 604 • Fort Recovery, OH 45846

**Justin M. Firks, Superintendent**

Phone: (419) 375-4139

Fax: (419) 375-1058

**CERTIFIED APPLICATION FOR EMPLOYMENT**

## PROCEDURES

- Please complete this application and return to: Justin M. Firks, Superintendent  
Fort Recovery Local Schools  
400 East Butler Street, P.O. Box 604  
Fort Recovery, OH 45846
- Please enclose a copy of the following:
  - Your teaching license/certificate(s) or a letter from your Dean stating your license/certification areas
  - An unofficial transcript of credits
  - If applicable, your results of the Pre-Professional Skills Test, the National Teachers Exam, and/or the State of Ohio Teacher Exam
- After a review of the completed application and other materials received, interviews will be arranged (by invitation only) with selected candidates for vacant positions.

## PERSONAL DATA

E-Mail Address \_\_\_\_\_ U.S. Citizenship \_\_\_\_\_  
YES NO

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

Current Address: \_\_\_\_\_  
NUMBER AND STREET CITY-STATE-ZIP PHONE NUMBER

Permanent Address: \_\_\_\_\_  
NUMBER AND STREET CITY-STATE-ZIP PHONE NUMBER

For what position are you applying? Please check below: Early

Childhood/Elementary Teacher (PK-3) \_\_\_\_\_

Middle Childhood/Elementary Teacher (4-9) \_\_\_\_\_

Adolescence/High School Teacher (7-12) \_\_\_\_\_

Subject Area (list) \_\_\_\_\_

Administration \_\_\_\_\_ List Position \_\_\_\_\_

Other \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

(Last)

(First)

(Middle)

**EDUCATION** (If you have not yet graduated, list degree and date anticipated)

Name of School	Location	Dates		Sem. Hrs. Earned *1	Grade Point Average *2	Date of Graduation	Degree Earned
		From	To				
High School last attended							
Colleges or Universities Attended							
					<b>Total College Credits</b>		

\*1. To reduce "quarter" hours to "semester" hours, multiply by 2/3.

\*2. A=4, B=3, C=2, D=1

**TEACHING FIELDS**

Subject	Semester Hours *1	Grade Point Average *2
<b>Professional Education Courses</b>		

**EXTRACURRICULAR ACTIVITY SPONSORSHIP**

Check any of the following which you can direct, coach, supervise or sponsor:

- |  |  |                                       |                                   |
|--|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Plays                 | <input type="checkbox"/> Journalism    | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Student Government    | <input type="checkbox"/> Yearbook      | <input type="checkbox"/> Baseball     |                                   |
| <input type="checkbox"/> Clubs                 | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Softball     |                                   |
| <input type="checkbox"/> Chorus                | <input type="checkbox"/> Golf          | <input type="checkbox"/> Track        |                                   |
| <input type="checkbox"/> Band                  | <input type="checkbox"/> Volleyball    | <input type="checkbox"/> Football     |                                   |
| <input type="checkbox"/> Playground Activities | <input type="checkbox"/> Basketball    | Other (list) _____                    |                                   |

**OTHER**

Have you ever been convicted of any of the following: 1) a felony; b) a misdemeanor that would be a felony on the second offense; c) any sex offense; d) any offense of violence; 3) any theft offense; f) any drug abuse offense? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Do you have any medically diagnosed health condition(s) which might need special accommodations for performing the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain work limitations: \_\_\_\_\_  
 \_\_\_\_\_

**TEACHING/ADMINISTRATIVE EXPERIENCE** (Include student teaching experience)

Years (Dates)	Name of School	Address	Position Grade or Subjects Taught	Months Of Service

Total teaching experience in years \_\_\_\_\_ Annual salary in most recent position \$ \_\_\_\_\_

Reason for leaving present or last position \_\_\_\_\_

Have you ever held a continuing contract in the state of Ohio? [ ] Yes [ ] No If yes, where? \_\_\_\_\_

Have you ever been refused contract renewal? [ ] Yes [ ] No

**MILITARY SERVICE RECORD**

Induction Date	Discharge Date	Branch of Service	Length of Service		
			Yrs.	Mo.	Day

**OTHER EMPLOYMENT EXPERIENCE**

Years (Dates)	Employer	Address	Position	Full or Part-time?

**REFERENCES** (Name references including superintendents and principals under whom you have taught)

Name – Position	Address	Phone Number

May we contact the above listed references? Yes \_\_\_\_\_ No \_\_\_\_\_

**STATEMENT**

In the space below (*in your own handwriting*) make a statement concerning your attitude toward the teaching profession and your plans and ambitions.

Fort Recovery Local Schools may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCI) for a background check and I hereby consent to such inquiries.

I understand that if I am employed prior to the District's receipt of the BCI report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contacts with former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education's rules and regulations regarding applicant/employee criminal records and disclosure of criminal conviction listed in category OTHER.

I further understand that falsification of any and all information on this application shall result in my being disqualified from employment or in my employment being terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.

\_\_\_\_\_  
Signature of Applicant

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

Please Note: No Acknowledgement of this application will be forthcoming.

Unless reactivated by written request this application will be destroyed two years from date of filing.

Please do not send credentials until they are requested.

This school district provides equal employment opportunities to all people without regard to race, color, age, creed, national origin, sex, religion, or handicap.

**THIS SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER**

**THANK YOU FOR YOUR TIME AND APPLICATION TO  
FORT RECOVERY LOCAL SCHOOLS**