



Fort Recovery Local Schools

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

Tony Stahl, Superintendent

Phone: (419) 375-4139

Fax: (419) 375-1058

CERTIFIED APPLICATION FOR EMPLOYMENT

Please complete this application and return to:
 Anthony T. Stahl, 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

PERSONAL DATA

Name _____

Address _____

Phone _____

City/State/Zip _____

U.S. Citizenship? Yes ___ No ___

Email Address _____

For what positions 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 _____

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

School/College	Dates Attended	Degree Earned	GPA
1. (HS) _____			
2. _____			
3. _____			
4. _____			

TEACHING CERTIFICATE

Area of Certification

1. _____

2. _____

3. _____

4. _____

TEACHING/ADMINISTRATIVE EXPERIENCE (Include student teaching experience)

Dates	Location	Address	Position	Months of Service
1. _____				
2. _____				
3. _____				

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 ___

Have you ever been discharged or asked to resign from a teaching position? Yes ___ No ___ If so, attach an explanation.

MILITARY SERVICE RECORD

Service in the Armed Forces? _____ Branch of Service: _____ Dates Served: _____
Current Classification: _____

OTHER EMPLOYMENT EXPERIENCE

	Start/End	Employer	Address	Position	Full or Part-time?
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

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

	Name – Position	Address	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

May we contact the above listed references? Yes ____ No ____

EXTRACURRICULAR ACTIVITY SPONSORSHIP

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

<input type="checkbox"/> Football	<input type="checkbox"/> Track	<input type="checkbox"/> Yearbook
<input type="checkbox"/> Baseball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Swimming
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Golf	<input type="checkbox"/> School Publications
<input type="checkbox"/> Basketball	<input type="checkbox"/> Softball	<input type="checkbox"/> Student Government
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Plays	<input type="checkbox"/> Clubs
<input type="checkbox"/> Playground Activities	<input type="checkbox"/> Band	<input type="checkbox"/> Chorus

Other _____

OTHER

Have you ever been convicted of any of the following: a felony; a misdemeanor that would be a felony on the second offense; any sex offense; any offense of violence; any drug abuse offense? Yes ____ No ____ If so, please attach an explanation.

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 so, please attach an explanation

STATEMENT

In the space below 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. **Any person who knowingly makes a false statement is guilty of falsification under section 2921.13 of the Revised Code, which is a misdemeanor of the first degree.** 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 INTEREST IN MAKING APPLICATION TO
FORT RECOVERY LOCAL SCHOOLS**