

TEACHER APPLICATION FORM

Huron City School District
712 Cleveland Road East
Huron, Ohio 44839
419-433-3911
www.huron-city.k12.oh.us

Name _____ Date _____ Licensed Area(s) _____

Subject _____

Grade Level _____

Copies Received: (Applicants Responsibility)

Position Interest:

Certificated Area _____

Elementary School (K-4) _____

Transcripts _____

Middle School (5-8) _____

Highest Degree _____

High School (9-12) _____

Years Experience _____

Guidance _____

Administration _____

It is the policy of the Huron Board of Education that the best qualified applicant shall be selected for each position without regard to race, color, religion, national origin, age, sex or marital status.

The Huron City School District is an equal opportunity employer in all areas of employment and promotion.

PERSONAL DATA

Name _____ Last _____ First _____ Middle Initial _____ Social Security Number _____

Present Address (Until _____):

Number _____ Street _____ Telephone _____

City _____ State _____ Zip Code _____ Business Phone _____

Permanent Address:

Name _____ Number _____ Street _____ Telephone _____

City _____ State _____ Zip Code _____ Business Phone _____

To assist us in maintaining contact with you during the period of application, please list below the name and address of a person who will always know where to contact you:

Number _____ Street _____

City _____ State _____ Zip Code _____ Telephone _____

TEACHING PREFERENCE AND COMPETENCIES

Level Preferred: (Please indicate your 1st, 2nd, and 3rd choice of grade levels)

_____ Elementary (K-4) _____ Middle School (5-8) _____ High School (9-12)

Position preferred: (Please include subject and/or grade level)

1 st Choice _____ _____ _____
2 nd Choice _____ _____ _____
3 rd Choice _____ _____

List other subjects that you are qualified to teach:

List any activities you are willing to direct, i.e. plays, debates, school clubs, etc.

List any sports you are willing to coach, i.e. intramurals, volleyball, football, etc.

My assignment preference is: () Regular () Substitute () Tutor

I will be available to start teaching: _____ Date _____

List and give the extent of any special training you have had that is not mentioned above. Applicants for Grades K-5 (inclusive) complete in as much detail as possible also please provide proof of any training.

Music _____ Child Abuse Training (K-6) _____

Art _____ Remedial Reading _____

Physical Education _____ Computer Skills _____

Industrial Arts _____ Guidance _____

Special Ed. _____ Other _____

Speech Correction _____

CERTIFICATION

Note: Please submit a photocopy of all your Ohio teaching certificates/licenses with this application.

Ohio Teaching Certificates you hold Or License	Date Issued	Date of Expiration	Certificate/License Number	Subject or Grades Appearing on Certificates/License

ACADEMIC PREPARATION

List high schools, colleges, universities, and training institutions attended:

Dates Attended	School & Location	Degree Date	Major & Minor	Semester Hours Grade Average
		Diploma		
		Diploma		

H.
S.
U
N
I

V					
5.					

Degree presently pursuing _____ Data degree to be conferred _____

Distinction & Honors: _____

Activities: _____

**I completed my student teaching experience at:
PRACTICE TEACHING**

Name of School City and State	Grades & Subjects Taught	Supervising Teacher/ Phone Number	Dates

TEACHING EXPERIENCE

() Yes () No If so explain: _____

List participation within the last two years in any professional activity for the improvement of the School(s) where you have been employed: e.g. Curriculum Revision, Pupil Progress Reports, etc.

MILITARY

Years of military service _____

Dates of Service: From _____ To _____

Branch of Service _____

Do you have a reserve obligation? () Yes () No If so, explain: _____

What is the location of your up-to-date placement file:

Location? _____

Address? _____

Have you ever been convicted of a felony? () Yes () No If so, explain _____

Have you requested to have your credentials sent to us? () Yes () No

LEGAL

Have you ever been convicted of a felony? () Yes () No

If so, explain _____

MEDICAL

Do you have any medically diagnosed health condition which would prevent you from successfully performing the duties of the position for which you are applying? () Yes () No

If so, explain _____

NOTIFICATION

I hereby authorize the Huron City Schools to obtain from my former employers all data needed to support this application. I certify that all information on this application is true and complete to the best of my knowledge and I understand that any withholding or falsification of information on this application is grounds for dismissal.

Applicants Signature _____

Date _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS. IF NECESSARY, USE ANOTHER SHEET OF PAPER.

1. Why did you want to become a teacher?

2. What are your major strengths as a teacher?

3. How do you determine what content you will teach in the classroom? Describe the teaching techniques you use.

4. What approaches do you find to be most effective in motivating students?
5. What do you do when students question your instructional plans?
6. What, about your teaching, is most rewarding to you?
7. The field of education is constantly changing. How do you keep yourself current with innovative strategies?