



## CERTIFIED APPLICATION FORM

Huron City School District  
712 Cleveland Rd. East  
Huron, Ohio 44839  
Phone: 419-433-1234  
Fax: 419-433-7095

Name \_\_\_\_\_ Date \_\_\_\_\_ Position of Interest \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copies Received: (Applicants Responsibility)

- Certificate/License
- Transcript
- BCI
- FBI

License(s) \_\_\_\_\_  
\_\_\_\_\_

Highest Degree \_\_\_\_\_

Years Experience \_\_\_\_\_

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

### **Please Print**

Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Social Security \_\_\_\_\_

Present Address (Until) \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

### Permanent Address:

Number \_\_\_\_\_ Street \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

## Teaching Preference and Competencies

Level Preferred: *(please indicate your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice of grade levels)*

Elementary (PK-2)

Intermediate (3-6)

Middle School (7-8)

High School (9-12)

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

3rd Choice \_\_\_\_\_

List other subjects 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.

\_\_\_\_\_

**Certification**

Note: Please submit a copy of all your Ohio Teaching Certificates with this application.

| Ohio Teaching Certificate(s) You Hold | Date Issued | Date of Expiration | Certificate Number | Subject or Grades on Certificate(s) |
|---------------------------------------|-------------|--------------------|--------------------|-------------------------------------|
|                                       |             |                    |                    |                                     |
|                                       |             |                    |                    |                                     |
|                                       |             |                    |                    |                                     |
|                                       |             |                    |                    |                                     |

**Academic Preparation**

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

| Dates Attended |  | School and Location | Degree Date | Major and Minor | Semester Hours Grade Average |
|----------------|--|---------------------|-------------|-----------------|------------------------------|
| High School    |  |                     | Diploma     |                 |                              |
|                |  |                     |             |                 |                              |
| University     |  |                     |             |                 |                              |
|                |  |                     |             |                 |                              |
| University     |  |                     |             |                 |                              |
|                |  |                     |             |                 |                              |
| University     |  |                     |             |                 |                              |
|                |  |                     |             |                 |                              |

Degree presently pursuing \_\_\_\_\_ Date degree to be conferred \_\_\_\_\_

Distinctions and Honors: \_\_\_\_\_

Activities: \_\_\_\_\_

**Practice Teaching**

I completed my student teaching experience at:

| Name of School City and State | Grades and Subjects Taught | Supervising Teacher Phone Number | Dates |
|-------------------------------|----------------------------|----------------------------------|-------|
|                               |                            |                                  |       |
|                               |                            |                                  |       |
|                               |                            |                                  |       |
|                               |                            |                                  |       |

## Teaching Experience

Include all contracted positions you have held as a certified teacher. List chronologically with the most recent positions first. In Ohio, 120 or more days experience in the same school equals one year.

| Name of School<br>Address (zip code) | Principal's name<br>Phone Number | Grades, Subjects Taught<br>and Related Assignments | Date |    | Total Years |
|--------------------------------------|----------------------------------|--|------|----|-------------|
|                                      |                                  |  | From | To |             |
|                                      |                                  |  |      |    |             |
|                                      |                                  |  |      |    |             |
|                                      |                                  |  |      |    |             |
|                                      |                                  |  |      |    |             |
|                                      |                                  |  |      |    |             |

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

Are you presently under contract?  Yes  No

If yes, to whom \_\_\_\_\_  
School System \_\_\_\_\_

Have you been employed under a continuing contract in Ohio?  Yes  No

My continuing contract was granted by \_\_\_\_\_ on \_\_\_\_\_

Have you ever been discharged or requested to resign from a teaching position?

Yes  No If yes, explain \_\_\_\_\_

List participation within the last two years in any professional activity for the improvement of the school (s) where you have been Employed; i.e. 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 Explain: \_\_\_\_\_

## Other Experience

| Name of employer | Type of work | Supervisor's Phone No. | Dates |
|------------------|--------------|------------------------|-------|
|                  |              |                        |       |
|                  |              |                        |       |
|                  |              |                        |       |
|                  |              |                        |       |

**References**

These should be from persons best qualified and willing to give an objective appraisal of your fitness in the position you seek. Please include administrators with whom you have worked, or teachers who supervised your student teaching.

Do we have your permission to contact these persons at this time?      Yes      No

Professional References

| Name            | Address         | Phone           | Position or Occupation |
|-----------------|-----------------|-----------------|------------------------|
| Choose an item. | Choose an item. | Choose an item. | Choose an item.        |
|                 |                 |                 |                        |
|                 |                 |                 |                        |
|                 |                 |                 |                        |
|                 |                 |                 |                        |

Do you have an up-to-date placement file?      Yes      No

Location? \_\_\_\_\_

Address? \_\_\_\_\_

Have you requested to have 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date