

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)

Certificated Area _____

Transcripts _____

Highest Degree _____

Years Experience _____

Position Interest:

Elementary School (K-4) _____

Middle School (5-8) _____

High School (9-12) _____

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 _____ Social Security Number _____
Last First Middle Initial

Present Address (Until _____):

_____ Telephone _____ - _____ - _____
Number Street

_____ Business Phone _____ - _____ - _____
City State Zip Code

Permanent Address:

_____ Telephone _____ - _____ - _____
Name Number Street

_____ Business Phone _____ - _____ - _____
City State Zip Code

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:

_____ Telephone _____ - _____ - _____
City State Zip Code

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
H. S.		Diploma		
U N I		Diploma		

V				
S.				

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: _____

OTHER EXPERIENCE

List all previous non-teaching work. List chronologically with most recent position first

Name of employer	Address/Phone	Supervisors name & phone number	Type of Work	Dates

REFERENCES

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

Do

Please include administrators with whom you have worked, or teachers who supervised your student teaching.

Professional References

Name	Address	Position or Occupation

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 present you from successfully performing the duties of the position for which you are applying? () Yes () No

If so, explain _____

