



Huron City Schools

712 Cleveland Road East

Huron, OH 44839

419.433.1234 www.huronhs.com

Certified Application Form

First Name: _____ M.I. ____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Are you legally permitted to work in the United States? Yes ___ No ___

Are you able to safely and substantially perform the essential job functions of the position for which you are applying with or without accommodations? Yes ___ No ___

Academic Preparation

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

High School: _____

Diploma/GED Received: Yes ___ No: ___ Major and Minor: _____

College: _____

Major and Minor: _____

Semester Hours: _____ Grade Average: _____

College: _____

Major and Minor: _____

Semester Hours: _____ Grade Average: _____

College: _____

Major and Minor: _____

Semester Hours: _____ Grade Average: _____

Degree(s) presently pursuing: _____ Date to be conferred: _____

Distinctions/Honors: _____

Activities: _____

Military

Branch of the Service: _____ Years of Service: _____

Did you receive an honorable discharge from the military? Yes ___ No ___

Certification

Copies of license(s), certification(s), transcript(s), FBI, and BCI check must be submitted with your application.

Ohio Teaching License(s)/Certificate(s): _____

Date of Expiration: _____ Number: _____

Subject/Grades: _____

Ohio Teaching License(s)/Certificate(s): _____

Date of Expiration: _____ Number: _____

Subject/Grades: _____

Ohio Teaching License(s)/Certificate(s): _____

Date of Expiration: _____ Number: _____

Subject/Grades: _____

Teaching Preference and Competencies

Level preferred *(please indicate your 1st, 2nd, and 3rd choice by grade level)*

Elementary (PreK-2) ___ Intermediate (3-6) ___ Middle School (7-8) ___ High School (9-12) ___

First Choice: _____

Second Choice: _____

Third Choice: _____

List other subjects you are qualified to teach:

List any activities you are willing to direct/participate in (i.e., plays, debates, school clubs, etc.):

List any sports you are willing to coach/participate in (i.e., intramurals, volleyball, football, scorer, clock etc.)

Teaching Experience

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

Name of School: _____ Address: _____
City/State: _____ Zip Code: _____ Phone: _____
Principal/Supervisor Name: _____ Phone: _____
Grades/Subjects/Assignments: _____
From: _____ To: _____ Total Years: _____

Name of School: _____ Address: _____
City/State: _____ Zip Code: _____ Phone: _____
Principal/Supervisor Name: _____ Phone: _____
Grades/Subjects/Assignments: _____
From: _____ To: _____ Total Years: _____

Name of School: _____ Address: _____
City/State: _____ Zip Code: _____ Phone: _____
Principal/Supervisor Name: _____ Phone: _____
Grades/Subjects/Assignments: _____
From: _____ To: _____ Total Years: _____

List participation within the last two years in any professional activity to improve the school where you have or were employed (i.e., curriculum revision, pupil progress reports, etc.)

Do we have your permission to contact the principal/supervisor you have listed? Yes ___ No ___

Are you presently under contract? Yes: ___ No: ___ If yes, to whom: _____

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

Have you ever been discharged, requested to resign, non-renewed, or resigned in lieu of being non-renewed from a position you held? If yes, please explain why.: _____

Student Teaching

List school(s) where you completed your student teaching.

Name of School: _____ **Address:** _____

City/State: _____ **Zip Code:** _____ **Phone:** _____

Principal/Supervisor Name: _____ **Phone:** _____

Grades/Subjects/Assignments: _____ **Length of Time:** _____

Name of School: _____ **Address:** _____

City/State: _____ **Zip Code:** _____ **Phone:** _____

Principal/Supervisor Name: _____ **Phone:** _____

Grades/Subjects/Assignments: _____ **Length of Time:** _____

Name of School: _____ **Address:** _____

City/State: _____ **Zip Code:** _____ **Phone:** _____

Principal/Supervisor Name: _____ **Phone:** _____

Grades/Subjects/Assignments: _____ **Length of Time:** _____

Other Work Experience

Name of Employer: _____ **Type of Work:** _____

Supervisor Name: _____ **Phone:** _____

Length of Time: _____

Name of Employer: _____ **Type of Work:** _____

Supervisor Name: _____ **Phone:** _____

Length of Time: _____

Name of Employer: _____ **Type of Work:** _____

Supervisor Name: _____ **Phone:** _____

Length of Time: _____

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 supervisors with whom you have worked.

Do we have your permission to contact the references you have listed below? Yes _____ No _____

First Name: _____ Last Name: _____

Phone: _____ Email Address: _____

Position or Occupation: _____

First Name: _____ Last Name: _____

Phone: _____ Email Address: _____

Position or Occupation: _____

First Name: _____ Last Name: _____

Phone: _____ Email Address: _____

Position or Occupation: _____

First Name: _____ Last Name: _____

Phone: _____ Email Address: _____

Position or Occupation: _____

