

FRANKLIN CITY SCHOOLS

(An Equal Opportunity Employer)
150 E. Sixth Street, Franklin Ohio 45005
(937-746-1699)

Certificated Personnel – Application for Employment

(Assistance will be provided in completing this application, if necessary)

PERSONAL INFORMATION: (Attach Cover Letter and Resume)

Date of Application: _____

Name: _____ Social Security No. _____

Address: _____
Street Address City State Zip Code

Telephone (Residence): _____ Other: _____
Area Code Number Area Code Number

Certification Held: _____
(List certificates held – attach copies)

Present Position: _____ Contract Expiration Date: _____

Position Applying For: _____

What extracurricular activity could you sponsor: _____

PROFESSIONAL REFERENCES: (Person responsible for your evaluations or know of your teaching abilities)

	<u>NAME</u>	<u>POSITION</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

PROFESSIONAL TRAINING: (Please forward placement file and transcript of credits)

	<u>COLLEGE/UNIVERSITY</u>	<u>ADDRESS</u>	<u>MAJOR</u>	<u>DEGREE</u>	<u>SEMS. HRS.</u>	<u>GPA</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

PROFESSIONAL EXPERIENCE: (Enter Last Position First)

NAME/ADDRESS OF EMPLOYER	POSITION/GRADE LEVEL	DATES OF EMPLOYMENT		YEARS OF EXPERIENCE
		FROM	TO	(List Actual # Days/Years)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Military Experience – Branch _____ Serial No. _____ No. of Yrs. _____

Have you passed the Praxis Examinations to become a (HQT) Highly Qualified Teacher? ____ Yes ____ No If yes, attach documentation.

Are you currently under contract with another school district? _____ Have you ever been terminated or non-renewed from a contract? _____ If yes, please explain in a written statement and attach to application.

Have you been convicted of a felony? _____ If so, explain in a written statement and attach to application.

APPLICANT'S CONSENT TO BACKGROUND INVESTIGATION

Ohio law requires boards of education to conduct a criminal record check of any applicant who is receiving final consideration for a position involving the care, custody or control of school children. Further, a board of education must be able to communicate freely with the persons listed as references by the applicant, as well as other persons and organizations who may have knowledge of the qualifications and fitness of applicant for the position.

By your signature below, you agree to:

- 1. Permit the board of education to order a criminal records check through the Ohio Bureau of Criminal Identification and Investigation;
- 2. Provide fingerprint impressions upon request;
- 3. Authorize the board of education to make inquiries of past employers and other persons and entitles, whether listed among your references or not, for the purpose of determining your qualifications and fitness for the position.

The completion of this document is required for further consideration of your application.

I hereby certify that the above statements are true and accurate to the best of my knowledge. I am aware of the fact that any falsification on this application will result in my not being employed, or in my dismissal subsequent to my employment.

Signature of Applicant

Date

OFFICE USE ONLY:

Date of Interview: _____ Rating: _____ Interviewed by: _____
Hire Date: _____ First Work Day: _____ Salary: _____ Experience Credited: _____
Extracurricular Assignment: _____ Salary: _____ Experience Credited: _____