

JACKSON CITY SCHOOLS
450 VAUGHN STREET
JACKSON, OHIO 45640
PHONE: (740) 286-6442

APPLICATION FOR EMPLOYMENT

CERTIFIED POSITION

The Jackson City School District is an Equal Opportunity Employer, committed to employing individuals without regard to race, color, age, sex, veteran status, religion, national origin, ancestry or disability.

Date of Application _____

Name _____ Social Security Number _____

Permanent Address _____
street city state zip code

Phone _____ Cell Phone _____

Email Address: _____

Temporary Address _____
street city state zip code

Phone _____ Until _____

Previous 5 Years _____
street city state zip code

street city state zip code

A. POSITION(S) APPLYING FOR

If applying for a teaching position, list grade or subject in order of preference.

1st _____ 2nd _____ 3rd _____

Extra-curricular Area(s) of Interest _____

Ohio Certificate Number	Expiration Date	Grade, Subject or Area
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to being considered for a full-time teaching position, I would like my name to be considered for the substitute teaching list. Yes _____ No _____

B. PROFESSIONAL EXPERIENCE

Name and address of School System and reason for leaving	Assignment	From Mo/Yr	From Mo/Yr
---	------------	---------------	---------------

Number of work days missed during the last 3 years _____

Have you taught under a continuing contract in Ohio? Yes _____ No _____

Have you ever been eligible for a continuing contract? Explain. _____

Continuing contract was granted by _____

Have you previously applied to or been employed by this school district? Yes _____ No _____

If yes, give dates _____

Are you employed now? _____ If so, may we contact your present employer? Yes _____ No _____

Person to contact _____ Phone No. _____

If we may not inquire of your present employer, please explain why: _____

SUBSTITUTE TEACHING EXPERIENCE

List school district in which you have had substitute teaching experience.

School District	No. of Days	Year
-----------------	-------------	------

Accumulation of 120 days of Ohio substitute teaching experience in one year equates to one year of teaching experience. A statement validating all days of substitute experience will be necessary from each district.

EXTRA-CURRICULAR EXPERIENCES

List all experience you have had in coaching or directing an extra-curricular activity.

*Denotes all head coaching experience.

School	Assignment	From Mo/Yr	To Mo/Yr
--------	------------	---------------	-------------

Other work experiences which I believe have been valuable to my career are: _____

C. EDUCATION

High School, College/University
Attended and location

Major and
Minor

Diploma
or Degree

Military Service: Branch _____ Number of Months _____

Student Teaching: Subject/Grade _____ from _____ to _____
Location _____

D. REFERENCES

Professional

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. Please be sure the information you give is correct.

Name	Address	Phone No.	Position
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

(Please list the name of your college or university of placement service.)

Personal References

Name	Address	Phone No.	Position
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

E. Are you able to perform the essential functions of the job, with or without reasonable accommodation, for which you are applying? Yes _____ No _____

F. APPLICANT’S CERTIFICATION AND AGREEMENT

I authorize investigation of all information I have disclosed herein so that you may be provided with relevant information about my background. I understand this investigation may include personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. I release all parties from any liability for any damage that may result from furnishing this information to you. This release extends to all pertinent information, personal or otherwise.

I authorize investigation of my employment history as required by the district as a condition of my being hired, or, if I am hired, as a condition of my continued employment. I release all persons or companies conducting lawful investigation from any liability.

I further agree to take any lawful medical examination required by the district as a condition of my being hired, or, after I might be hired, as a condition of my continued employment. I agree that my refusal to take any such lawful examination may be cause for termination of my employment. I understand that the district will not hire any applicant who tests positive or refuses to consent to the conditional offer of employment drug testing. I further understand that an employee who tests positive or refuses to consent to drug and alcohol testing is subject to discharge.

I release all persons or companies conducting any lawful medical or honesty examination from any liability and authorize release of the examination result to the district.

I understand that substitute employment in no way assures me of future consideration for full-time employment.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I become employed, any false information I may have provided in this application shall be grounds for my dismissal. I also understand that I am required to abide by all rules, policies and regulations of the district. It is understood that this application becomes the property of the Jackson City Board of Education.

Date of Application

Signature of Applicant

PLEASE BE ADVISED

Interviews: Before any applicants are appointed, they will be scheduled for an interview, participation in which in no way assures the applicant of an appointment. The initiative of scheduling the interview will be taken by the Administrative Staff of the Jackson City School District.

Update: Any applicant not employed for the current school year who wishes consideration for the following school year should contact the office of the Superintendent by March 1st in order to reactivate the application.

For Office Use Only:

Interviewed by_____

Date of Interview_____