*CERTIFIED EMPLOYMENT APPLICATION*

*TRI-RIVERS CAREER CENTER*

**2222 Marion Mt. Gilead Road**

**Marion, Ohio 43302Telephone – (740) 389-4681**

***A School Where You Are Allowed To, Inspired To and Expected To Be AMAZING***

***PERSONAL DATA***

Name

Last First Middle or Maiden Name

Other Name(s)

*(Please provide any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work or school record)*

Present Address Home Phone

Street Area Code Number

Cell Phone

City State Zip Area Code Number

Email

To assist in maintaining contact with me, here is the name, address and phone number of a person through whom I may be reached.

Name of contact person Phone Number

Area Code Number

Relationship:

Address of contact person

Street City State Zip

***TEACHING PREFERENCE***

***AND COMPETENCIES***

**MARK THE APPROPRIATE BOXES: INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE CERTIFICATED**

New Application Teacher Substitute

Former Employee Guidance Counselor Library/Media/Technology

Previous Application on File Administration Other

Position applying for:

List all subjects you are qualified to teach:

I will be available to begin employment on:

***TEACHING EXPERIENCE***

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of School/Address** | **Contact/Phone #** | **Grades, Subjects Taught** | **From** | **To** | **Total Years** |
|  |  |  |  |  |  |
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You have my permission to contact any of the above mentioned persons.  Yes  No

***GENERAL INFORMATION***

 Yes  No Within the last five (5) years, have you resided outside the State of Ohio?

 Yes  No Are you presently under contract?

If presently employed, why do you wish to change positions?

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



My continuing contract was granted by: on

School System Date

 Yes  No Have you ever been refused tenure or a continuing contract?

 Yes  No Have you ever been discharged or requested to resign from a teaching position?

If yes, briefly explain:

 Yes  No Have you ever had a certificate or license revoked or suspended?

If yes, briefly explain:

 Yes  No Are there any legal charges or proceedings pending against you?

If yes, briefly explain:

Estimate your total absence from work or school for the last three years and explain the reason(s):

 Yes  No Have you ever been interviewed for a position at Tri-Rivers Career Center? If yes, please give date and position

interviewed for:

* Indicate referral source:  Advertisement/Posting  Employee  Friend  Other

According to Ohio Revised Code (ORC) 3319.39, any applicant under final consideration for appointment or employment in a position with a Board of Education as a person “responsible for the care, custody, or control of a child”, must submit to a criminal records check conducted by the Bureau of Criminal Identification and Investigation and the Federal Bureau of Investigation. Except as provided in ORC 331939(B)(1), no school district may hire a person for one of these positions if that person has been convicted of/or pleaded guilty to certain offenses listed in Senate Bill38, as reported by BCII. (Such offenses include: 1) any felony; 2) any drug offense that is not a minor misdemeanor; 3) any offense of violence; 4) any theft offense; 5) corruption of a minor; 6) sexual imposition; 7) importuning; 8) any substantively comparable offense of a municipal corporation.) Nor may a school district hire any person who refuses to submit to a criminal records check.

A school district is authorized to conditionally employ a person pending outcome of that person’s BCII and FBI background check. If the results of the background check indicate that the person is not eligible for the position in which he or she is employed, the school district must release the person from employment.

***CERTIFICATION / LICENSURE***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Ohio Teaching Certificates/Licenses You Hold | Date Issued | Date of Expiration | Certificate/Licenses Number | Subjects or Grade Appearing on Certificate |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* Have you taken the Praxis II Assessments?  Yes  No If yes, please submit a copy of your scores.

TEST NAME MO/YR SCORE MET STANDARD COPY ENCLOSED

1. /  Yes  No  Yes  No
2. /  Yes  No  Yes  No
3. /  Yes  No  Yes  No

* Please submit a copy of all your Ohio Teaching Certificates/Licenses with this application.

***ACADEMIC PREPARATION FOR TEACHING***

(List most recent first)

*My training is as follows*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Institution and Location  (include High School) | Years Comp. | Date & Degrees Earned | Major/Minor | G.P.A. | Semester Hours Beyond Graduation  Completed In Process | |
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* List any honors or awards you have received:

***STUDENT TEACHING / INTERNSHIPS***

*I completed my student teaching experience at:*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School  City & State | Grades and  Subjects Taught | Supervising Teacher/  Phone Number | Dates |
|  |  |  |  |
|  |  |  |  |
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***SUBSTITUTE TEACHING***

(List most recent first)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School  City & State | Principal’s Name | Grades/Subjects | Total Days (Each Year) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***EXTRA CO-CURRICULAR ACTIVITIES***

(List most recent first)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of School  City & State | Immediate Supervisor | Activity | Position/Title | Total Years |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

How many activities have you directed in the last two (2) years?

***ADMINISTRATIVE EXPERIENCE***

(List most recent first)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| District:  City and State | Immediate Supervisor | Duties | Position/Title | Total Years | Reason for Leaving |
|  |  |  |  |  |  |
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* Have you held an administrative position during the last 12 months?  Yes  No

***OTHER EXPERIENCE***

(List most recent first)

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

***REFERENCES***

*It is the applicant’s responsibility to have the following information provided to Tri-Rivers Career Center in order to be considered for employment.*

1. At least three confidential sources must be provided, using the enclosed form, and must include current employer, if employed, or last employer if not currently employed.
2. Unless included in Placement File, applicants with work experience must provide recommendations from the principals and/or superintendents from all contracted educational work experience within the past three years. If experience was not within the past three years, provide references from last contracted experience.
3. As indicated above,  a Placement File is being sent, and or  references are listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Reference | Position/Relationship | Mailing Address | Phone Number |
|  |  |  |  |
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***NOTIFICATION***

I hereby authorize Tri-Rivers Career Center to obtain from my former employer all data needed to support this application. I understand that any

Information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to: a) cancel further consideration of this application; b) rescind an offer that has been made; or if I am employed (c) immediately discharge me from continued employment, waive any rights under Chapter 3319 of the ORC, regardless of when the discovery is made and regardless of my work performance. I understand failure to reveal any crimes, as indicated, will be cause for immediate dismissal. I certify that all information on this application is true and complete to the best of my knowledge.

Applicant’s signature Date

Printed Name

*It is the policy of the Tri-Rivers Career Center Board of Education that the best qualified applicant shall be selected. The Board does not discriminate on the basis of race, color, national origin, sex (including sexual orientation or transgender identity), disability, age (except as authorized by law), religion, military status, ancestry, or genetic information (collectively, “Protected Classes”) in its educational programs or activities. Students and all other members of the School District community and third parties are encouraged to promptly report incidents of unlawful discrimination and/or retaliation to a teacher, administrator, supervisor, or other District official so that the Board may address the conduct. .*

Tri-Rivers Career Center is an Equal Opportunity Employer

*WHAT I WANT YOU TO KNOW ABOUT ME AS A TEACHER*

This section is designed to provide you with an opportunity to share some of your experiences and thoughts about teaching. Please respond to each item in the space provided. Since 12 opportunities have been provided for you, brief candid responses are encouraged.

1. What do you want to accomplish as a teacher?
2. How will (do) you go about finding out about students’ attitudes and feelings about your class?
3. An experienced teacher offers you the following advice: “When you are teaching be sure to command the respect of your students immediately and all will go well.” How do you feel about this?
4. How do you go about deciding what it is that should be taught in your class?
5. A parent comes to you and complains that what you are teaching his child is irrelevant to the child’s needs. How would you respond?
6. What do you think will (does) provide you the greatest pleasure in teaching?
7. When you have some free time, what do you enjoy doing the most?
8. How do you go about finding what students are good at?
9. Would you rather try a lot of way-out teaching strategies or would you rather try to perfect the approaches which work best for you? Explain your position.
10. Do you like to teach with an overall plan in mind for the year, or would you rather just teach some interesting things and let the process determine the results? Explain your position.
11. A student is doing poorly in your class. You talk to him, and he tells you that he considers you to be the poorest teacher he has ever met. What would you do?
12. If there were absolutely no restrictions placed upon you, what would you most want to do in life?