

ADA EXEMPTED VILLAGE SCHOOLS

725 WEST NORTH AVENUE

ADA, OHIO 45810

Phone: 419-634-6421 Fax: 419-634-0311

CERTIFIED TEACHER APPLICATION

Date of application: _____ Date available: _____

Social Security #: _____ - _____ - _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

POSITION(S) SOUGHT: _____ Regular Teacher _____ Substitute Teacher
_____ Early Childhood
_____ Pre-Kindergarten through 3
_____ Middle Childhood (4-9)
_____ Adolescent – Young Adult (7-12)
_____ Special Areas _____

CERTIFICATION AREA: _____

CERTIFICATION: Please list all valid Ohio certificates that you currently hold.
(Include photocopies of certificates with this application).

EDUCATIONAL BACKGROUND: List the high school, college and/or universities attended along with degree earned.

High School, Colleges, Universities attended	Degree
_____	_____
_____	_____
_____	_____

CURRENT DEGREE: _____
(Example: B.A./B.A. plus 20 hours/Masters/Masters plus 15)

FULL-TIME TEACHING EXPERIENCE: (120+ days, list in reverse chronological order)

<u>School District Name</u>	<u>Grade/Subject</u>	<u>Years</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total of years full-time teaching experience: _____

NON-TEACHING WORK EXPERIENCE:

Extra-Curricular Activities:

Please check extra-curricular activities that you would consider coaching or directing.

- | | | |
|--------------------------|-----------------------------|-----------------------|
| _____ Baseball | _____ Golf | _____ Softball |
| _____ Basketball | _____ National Honor Soc. | _____ Student Council |
| _____ Cheerleading | _____ Newspaper | _____ Swimming |
| _____ Class/Club Advisor | _____ Physical Conditioning | _____ Tennis |
| _____ Cross Country | _____ Playground Monitor | _____ Track |
| _____ Drama Club | _____ Quiz Bowl | _____ Volleyball |
| _____ Football | _____ Soccer | _____ Yearbook |
| | | Other _____ |

Please list **extra-curricular activities** that you currently direct, or have directed:

ESSAY QUESTION: The Ada Superintendent and Board of Education are interested in what traits or qualities distinguish you from the average teacher candidate. What gains will be realized by the Ada students, staff and community members through your hiring?

CONTRACT: Have you ever had a teaching contract non-renewed in Ohio another state for any reason? Yes No If yes, please explain:

REFERENCES: List below names of professional references and community people, who have first-hand knowledge of your professional work, character, personality, and scholarship.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Title</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

COMMUNITY ORGANIZATIONS: Please list community organizations in which you actively participate, in either your hometown or school community. In addition, list professional organizations.

CONTRACT STATUS: Please give a brief explanation of your current contract status.

Current district/company: _____

Expiration date: _____

Contract type: _____

ETHICAL STANDARDS:

Have you experienced any problems with your conduct or misconduct or allegations of either that have brought your character into issue outside or inside of school/work?

Yes No If the answer is yes, please explain on a separate sheet.

Have you ever been charged and/or convicted of any crime that is a misdemeanor or felony?

Yes No If the answer is yes, please explain on a separate sheet.

RECORDS CHECK: The Ada School system routinely completes a record check on new employees and your initials are needed to indicate that you grant permission for the district to complete a Police/B.C.I. records check if you are placed in final consideration for this position.

I have no problem with submitting to a records check: _____
Initials

Documents to be returned with application:

1. _____ Cover Letter
2. _____ Completed District Application
3. _____ Current Resume
4. _____ Copy of Certificate(s)
5. _____ Unofficial Copies of Transcripts
6. _____ B.C.I./F.B.I. Background Check Report
(dated within the last twelve months)
7. _____ Copy of Driver's License and S.S. Card

(Individuals completing this application to be added to our substitute list need only return Items 2, 4, 6 & 7.)

CERTIFICATION OF APPLICANT

I hereby authorize the Ada Exempted Village Schools to obtain from my employers all data needed to support this application. I hereby authorize Ada Exempted Village Schools to obtain from the references listed any information needed to support his application. I certify that the information given in this application is true to the best of my knowledge and that I am certified/qualified to hold the position indicated.

Signature of Applicant

Date

**Return to:
Superintendent's Office
Ada Exempted Village Schools
725 West North Avenue
Ada, Ohio 45810**

*Ada Exempted Village Schools is an equal opportunity employer.
Ada Schools does not discriminate based on sex, age, handicap, race,
religion, color or creed.*