

LICENSURE INFORMATION

Ohio Teaching License

Type _____ Grades _____ Subject Field _____

License Number _____ Effective Dates _____

If you do **NOT** hold a valid Ohio Teaching License - Have you applied for one?

Date of Application: _____ Area(s) Applied For: _____

List any Out of State Certificates: _____

Enclose a copy of your **OHIO TEACHING LICENSE** or other Teaching Certificates you hold with this application.

MILITARY SERVICE RECORD

Service in the armed forces of the United States? Yes ___ No ___

Dates served (Active Duty):

From _____ to _____ Branch of Service _____
 (Mo./Day/Yr.) (Mo./Day/Yr.)

TEACHING EXPERIENCE

Start with present or most recent employer and list all teaching experience including student teaching. (Attach a second sheet if needed)

School Year	Beginning	Ending	Name and Address of School	Subject/ Grade	No. of Months

Are you currently under contract? Yes ___ No ___

If yes: School District _____ Type of contract: Limited ___ Continuing ___

Have you ever taught under a continuing contract in the State of Ohio? Yes ___ No ___

When granted? _____ Name of School District _____

Have you previously taught in the Forest Hills School District? Yes ___ No ___

School Year _____ School _____

PROFESSIONAL REFERENCES

List names of professional educators capable of judging your teaching competence or potential. Beginning teachers must include cooperating teacher and university supervisor for student teaching experience. Experienced teachers must include administrators and supervisors for the two most recent teaching assignments.

Full Name of Reference	Position/School District	Email Address	Telephone Number

NON-TEACHING WORK EXPERIENCE

Employer	Complete Address	Beginning	Ending	Kind of Work

SPECIAL INFORMATION

Check any of the following activities which you are qualified to coach or direct. Use a double check to show actual coaching or directing experience. Give additional information if you desire.

Athletic Director	Gymnastics	Volleyball	Dramatics
Baseball	Soccer	Wrestling	Marching Band
Basketball	Softball	Cheerleading	Orchestra
Cross-Country	Swimming	Intramurals	Class Sponsor
Football	Tennis	Newspaper	Debate
Golf	Track	Yearbook	Student Council
Clubs: _____		Other: _____	

EXPERIENCE SUPERVISING ATHLETICS & OTHER EXTRA CURRICULAR ACTIVITIES

Activity	Employer/Sponsor/Organization	Beginning Mo/Year	Ending Mo/Year

References for Supervising Athletics & Other Extra Curricular Activities

Full Name of Reference	Position/School District/Organization	Email Address	Telephone Number

List membership in professional organizations, published works, academic honors or similar experiences which have contributed to your professional preparation:

MEDICAL

Do you have any physical or mental disability that would prevent you from safely and substantially performing the position for which you are applying, or which would require accommodation? Yes _____ No _____

PERSONAL STATEMENT

Use the space below to present a brief summary of why you chose teaching as a profession.

Have you ever been convicted of an offense in Ohio, or in any other state, which included one or more of the following: any felony, any sex offense, any offense of violence, any theft offense, or any drug abuse offense? Yes _____ No _____

A criminal record will not necessarily bar you from employment with Forest Hills, but an untruthful answer will. Stated falsification or falsification by omission will be grounds for immediate dismissal.

Have you ever been disciplined, non-renewed, or terminated from a position of employment as a result of allegations of poor performance or wrong-doing? Have you ever resigned a position following threats of non-renewal or termination? If so, please explain each such instance.

Is there any reason why you cannot be highly punctual and regular in following an assigned work schedule? Yes ___ No ___

This will authorize any hospital, doctor, physician or other treating practitioner and any person, firm or corporation by whom I was previously employed to release any and all information concerning my health and/or previous employment to the Forest Hills Board of Education and its representatives.

I understand that a criminal records check is required with BCII and/or FBI prior to or during the early weeks of my being employed. My signature below authorizes the Forest Hills School District to obtain these records on me.

In consideration of my employment, I agree to conform to the rules and regulations of the Forest Hills School District. I understand that falsification of any information given or any failure to state information is grounds for immediate rejection or immediate dismissal.

Also, I swear or affirm the facts set forth above in this application are true and complete. Any material misrepresentation in this application form constitutes sufficient cause for rejection of the application, and for termination at any time during employment. I am willing to have a physical examination with the understanding that if the report is unsatisfactory, I will resign or be terminated.

Applicant Signature _____ **Date** _____

Applicants are requested to contact the Human Resources Office if special accommodations are needed.

APPLICATIONS WILL BE KEPT ON FILE FOR A NIMIMUM OF TWO SCHOOL YEARS

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Interviewed by: _____ Date: _____

The Forest Hills Board of Education affirms that no person shall, on the basis of sex, race, religion, creed, color, national origin or handicap, be excluded from participation in, be denied the benefits of or be subjected to discrimination under any educational program or activity conducted under its auspices. This shall extend to employees therein and to admission thereto.

Inquiries concerning the application of this policy may be referred to the Superintendent or the designated administrator.