



Application for Certified Teaching Employment

The Ayersville Local School District is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, gender, disability, ancestry, social-economic status, sexual orientation, citizenship, veteran status, genetic information or any other unlawful basis in its educational program, activities, employment policies, or admission policies and practices, as required by law. Qualified applicants who are disabled and require special assistance in responding to an employment announcement should call 419-395-1111, ext. 400.

Name: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ Cell: _____

Position Applying For: _____

Job Preference: Choose One: Full-time Part-time

Have you previously applied for a position with Ayersville Local Schools? Yes No

Have you ever been employed by Ayersville Local Schools? Yes No

If yes, please list position you were employed in and dates of employment:

When would you be available to begin teaching?

Have you ever been discharged or asked to resign from a job? (If yes, please explain) Yes No

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Education

High School:

College: _____ Major: _____ Degree: _____

College: _____ Major: _____ Degree: _____

College: _____ Major: _____ Degree: _____

Other:

Employment History

Please give accurate, complete full-time and part-time employment information. Start with the most current position. If you held two or more positions with the same employer, or have been employed in two different jobs at the same time, list each separately.

District of Employment		Grade/Subject/Position
Address (street, city, state, zip)		
Phone	Dates (From/To)	Total Years
Supervisor	Annual Salary	Number of Days Per Year
Describe Duties		
Reason for Leaving		

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Describe Duties		
Reason for Leaving		

Licensure/Certification: (Please attach a resume with references along with a photocopy of all your Ohio teaching certificates)

License/Cert Number	Issue Date	Expiration	Type	Certification Area	Issuing State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List current endorsements:

List areas in which you have achieved Highly Qualified Teacher Status (for grades 7-12):

List any activities you are willing to direct (i.e.: plays, class advisor, school clubs, etc.):

List any sports you are willing to coach (i.e.: volleyball, basketball, baseball, etc):

In your own handwriting, please share, in narrative style, your philosophy of education.

Please make any additional comments that will give us a better understanding of your employment qualifications:

You must answer each of the following questions. **If you answered YES to any question, attach an explanation to this application. Please include the year of conviction, the nature of the offense, the court where the matter was heard and if the conviction was subsequently sealed or expunged.**

1. Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any misdemeanor other than a traffic offense? Yes _____ No _____

2. Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any felony?
Yes _____ No _____

3. Have you ever had ANY certificate, license, or permit, or an application for same, revoked, suspended, limited or denied? Yes _____ No _____

4. Have you ever surrendered ANY certificate, license, or permit? Yes _____ No _____

Professional References

Name: _____ Position: _____

District/Agency/Company: _____ Phone Number: _____

Name: _____ Position: _____

District/Agency/Company: _____ Phone Number: _____

Name: _____ Position: _____

District/Agency/Company: _____ Phone Number: _____

I acknowledge being informed that, as a precondition to employment in the position for which I am applying, I must in accordance with Ohio Law, provide a set of fingerprints and satisfactorily pass a criminal records check.

I hereby authorize the Ayersville Local Schools to obtain from my former employer all data needed to support this application. I certify that all information on this application is true and complete to the best of my knowledge, and I understand that withholding or falsification of information on this application is grounds for dismissal.

Printed Name: _____

Signature: _____ Date: _____

Submit applications to: Ayersville Local School
Superintendent
28046 Watson Rd.
Defiance, OH 43512