

ADAMS COUNTY OHIO VALLEY SCHOOL DISTRICT

141 Lloyd Road
West Union, OH 45693
Telephone: 937-544-5586
FAX: 937-544-3720

APPLICATION FOR EMPLOYMENT OF CERTIFIED EMPLOYEES

AN EQUAL OPPORTUNITY EMPLOYER

We are an equal opportunity employer. Any information solicited by this application is not to be construed as a solicitation of information to render a decision based upon race, color, religion, age, sex, national origin or ancestry of any person, but is only to be used in determining the applicant's ability to meet the job criteria and perform the job satisfactorily.

INSTRUCTIONS:

1. All requested information must be furnished. The information will be used to determine your qualifications for employment.
2. It is important that you answer all questions on your statement fully and accurately; failure to do so may delay its consideration, and could mean loss of employment opportunities.
3. If an item does not apply to you, or if there is no information to be given, please write in the letters N/A for "not applicable."
4. Applications will remain on file for one year. Applicants will need to reapply after August 1 of each year.

01. **Date:** _____
(Month) (Day) (Year)

02. **NAME:**
_____/_____/_____
(Last) (First) (Middle or Maiden)

03. **PERMANENT ADDRESS:**

(Mailing Address)

(City) (State) (Zip)

Phone: (_____) _____
(Home)

(_____) _____
(Cell)

TEMPORARY ADDRESS:
Until date of: _____

(Mailing Address)

(City) (State) (Zip)

Phone: (_____) _____
(Home)

(_____) _____
(Cell)

04. **DATE AVAILABLE FOR EMPLOYMENT:** _____
(Month) (Day) (Year)

05. **TYPE OF CERTIFIED EMPLOYMENT DESIRED:** Substitute [] Full Time []

06. **SPECIFIC EMPLOYMENT DESIRED:** (Rate Preference: 1, 2, 3, Highest = #1)

_____ Elementary Teaching (Specify Preference) _____

_____ Junior High School (Specify Preference) _____

_____ High School (Specify Preference) _____

07. **CERTIFICATES or LICENSES HELD:** (Please list all Ohio certificates/licenses held, indicating the type of certificate/license, subject for which you are certified, and date of expiration.)

A. _____

B. _____

C. _____

08. **REFERENCES:** (Please list the name, position, and phone number of three individuals by whom you would like a reference given.)

A. _____ Phone: _____

B. _____ Phone: _____

C. _____ Phone: _____

09. **EDUCATION:**

Name of High School	Location (City, State)	Date of Graduation
_____	_____	_____

List all colleges or universities attended for study, in chronological order, beginning with first undergraduate study. Include institutions attended even if no degree was earned. (Use additional page if necessary.)

College/University	Date Attended	Major Field	Minor Field	Degree & Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

College Degree and Total Hours: (Please check appropriate box below)

Bachelors Degree Bachelors with 150 hours Masters Degree Masters plus 15 hours

10. List other educational preparation pertinent to the position(s) for which you are applying. (Institutes, seminars, etc.)

11. **EMPLOYMENT EXPERIENCE:** List all full-time employment in chronological order, with present employment first. (Use additional pages if necessary.)

- A. Name and Address of School or Other Employer: _____

- B. Duties (grade level, subjects, position, etc.): _____

- C. Dates Employed: from _____ to _____ Years: _____ Months: _____
- D. Name of Principal or Supervisor: _____
- E. Approximate annual salary: \$ _____
- F. Reason for Leaving: _____

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 - C. Dates Employed: from _____ to _____ Years: _____ Months: _____
 - D. Name of Principal or Supervisor: _____
 - E. Approximate annual salary: \$ _____
 - F. Reason for Leaving: _____

12. Have you ever been convicted of a felony and/or misdemeanor of a sexual nature or moral turpitude? YES [] NO [] If yes, please explain: _____

13. Can you perform the essential functions of the job, with or without a reasonable accommodation? YES [] NO [] If no, please explain: _____

14. REMARKS: Please add any information you may consider pertinent to your application for employment. _____

PLEASE READ CAREFULLY BEFORE SIGNING.

The information as submitted on this application is accurate to the best of my knowledge. I understand that falsification of any information submitted on this application shall be cause for dismissal from service.

Date

Signature of Applicant

Please return to:

**Personnel Office
ADAMS COUNTY/OHIO VALLEY SCHOOL DISTRICT
141 Lloyd Road
West Union, OH 45693**