



# Urbana City School District

## Administration/Supervisor Application

711 Wood Street Urbana, Ohio 43078  
 Phone: 937-653-1402 Fax:937-652-3845

**PERSONAL DATA**

Name \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_  
City State Zip

**EMERGENCY CONTACT:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

**POSITION PREFERENCES**

Level Preferred: Elementary (K-5) \_\_\_\_\_ Junior High (6-8) \_\_\_\_\_ High School (9-12) \_\_\_\_\_  
 (Indicate your 1st, 2nd and 3rd choice of grade levels )

Position Preferred: 1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

Base Salary Expectation: \_\_\_\_\_ Current Fringe Benefits: \_\_\_\_\_

**LICENSURE CERTIFICATIONS**

NOTE: Please submit copies of all teaching licenses/certificates/endorsements with this application.

Name of Teaching License/Certificates	Date Issued	Date of Expiration	License Number	Subject(s) and Grade Level(s)

*It is the policy of the Urbana Board of Education that the best qualified applicant shall be selected for each position without regard to race, color, religion, national origin, age, sex, or marital status.*

**CURRENT EMPLOYER INFORMATION**

Current District/Organization	Dates	Position Title	Reason for Looking to Leave

Supervisor Name	Phone Number	Budget	Enrollment (ADM)	Total Employees

**PRIOR PROFESSIONAL EXPERIENCE**

List previous employers. If more space is required, please continue on a separate sheet.

District/Organization	Number of Years	Position Title	Reason for Leaving

\_\_\_ YES \_\_\_ NO Is permission granted to contact any of the above named persons?

\_\_\_ YES \_\_\_ NO Presently under contract? If yes, date available for employment \_\_\_\_\_

\_\_\_ YES \_\_\_ NO Previously employed under a continuing contract? If yes, date granted \_\_\_\_\_

\_\_\_ YES \_\_\_ NO Previously interviewed by Urbana City Schools? If yes, date (year) \_\_\_\_\_

\_\_\_ YES \_\_\_ NO Previously discharged or requested to resign from a teaching position?  
If yes, provide brief explanation below.

\_\_\_\_\_

\_\_\_\_\_

**MILITARY EXPERIENCE**

Branch	Total Years	Present Military Affiliation		
		___ NONE	___ Reserve/ NGUS (active)	___ Reserve (inactive)

**ACADEMIC PREPARATION**

Institution Name and Location	Degree Earned	Major/Minor

Academic Honors \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Persons who can speak of my professional competency and character.

Name	Relationship	Phone	Email

**MAJOR ACCOMPLISHMENTS**

Briefly describe two major accomplishments in your last position.

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**OTHER EXPERIENCES**

Other work experiences which I believe have been valuable to my career.

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