



# Urbana City School District

## Teaching 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

**TEACHING PREFERENCES AND COMPETENCIES**

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 \_\_\_\_\_

Other subjects qualified to teach: \_\_\_\_\_

Activities willing to direct, i.e. plays, debate, school clubs, etc. \_\_\_\_\_

Sports willing to coach: \_\_\_\_\_

**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.*

**ACADEMIC PREPARATION**

Institution Name and Location	Degree Earned	Major/Minor

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

**STUDENT TEACHING**

Name of School	Subjects Taught	Cooperating Teacher/Phone

**TEACHING EXPERIENCE**

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, to what district? \_\_\_\_\_

\_\_\_ 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)

**OTHER EXPERIENCES**

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

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**WHAT I WANT YOU TO KNOW ABOUT ME AS A TEACHER**

This section is designed to provide you with an opportunity to share some of your experiences and thoughts about teaching. You may also attach your educational philosophy to this application.

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**AUTHORIZATION AND NOTIFICATION**

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

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date

**ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.**