

Date of Application for Employment \_\_\_\_\_

P-10

Office Use Only

Dates Reactivated

**DARKE COUNTY SCHOOLS**

_____	_____
_____	_____
_____	_____

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS.

**I. IDENTIFYING INFORMATION**

NAME \_\_\_\_\_  
Last First Middle

SOCIAL SECURITY NUMBER \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
Street

City State Zip

\_\_\_\_\_ Above address valid until \_\_\_\_\_  
Phone Number

PERMANENT ADDRESS \_\_\_\_\_  
Street

City State Zip

\_\_\_\_\_ Phone Number

**II. OHIO CERTIFICATION**

Check all those applicable. \_\_\_\_\_ Check here if you have more than one certificate.

New Codes: PK-3\_\_\_\_\_ PK-12\_\_\_\_\_ 4-9\_\_\_\_\_ 4-12 \_\_\_\_\_ 7-12\_\_\_\_\_

Old Codes: K-8\_\_\_\_\_ 1-8\_\_\_\_\_ K-12\_\_\_\_\_ 7-12\_\_\_\_\_

\_\_\_\_\_ High School - List Subjects: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Special - List Areas: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other OHIO Certificates Held - Please Specify: \_\_\_\_\_  
\_\_\_\_\_

Is the OHIO certification listed above (please check) \_\_\_\_\_ HELD \_\_\_\_\_ APPLIED FOR

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Do you hold an OHIO Professional Certificate? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Do you hold an OHIO Permanent Certificate? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Have you held continuing contract status in another school district? \_\_\_\_\_  
If so, which district \_\_\_\_\_ and when \_\_\_\_\_

If you DO NOT HOLD OHIO CERTIFICATION, please list the state in which your certification is held and the areas of certification:  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE ATTACH COPIES OF ALL CERTIFICATION HELD.

**III. PLEASE LIST TEACHING POSITION(S) DESIRED:**

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

**IV. EDUCATION**

	<u>NAME &amp; LOCATION</u>	<u>DEGREE &amp; DATE ISSUED</u>	<u>MAJOR</u>	<u>MINOR</u>
High School	1. _____	_____	_____	_____
Undergraduate	1 _____	_____	_____	_____
	2 _____	_____	_____	_____
Graduate	1 _____	_____	_____	_____
	2 _____	_____	_____	_____

Identify with an asterisk (\*) the college with which your credentials are on file.

**V. EXPERIENCE:**

Total years of experience: EDUCATION \_\_\_\_\_ MILITARY \_\_\_\_\_

**LIST THE MOST RECENT FIRST**  
(Do not include student teaching.)

School District \_\_\_\_\_  
 Employment Dates \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Position \_\_\_\_\_

School District \_\_\_\_\_  
 Employment Dates \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Position \_\_\_\_\_

**STUDENT TEACHING EXPERIENCE:**

List ONLY if you have NO REGULAR TEACHING EXPERIENCE to report above.

School District \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Supervising Teacher \_\_\_\_\_  
 Supervising Principal \_\_\_\_\_



**IX. COMMUNITY ACTIVITIES**

(List with a comment indicating your involvement.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**X. SPECIAL INFORMATION**

What other information would you like us to know about you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want to work in the Darke County Schools? For example, spouse being transferred to Darke County; family lives in Darke County; etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**PLEASE READ CAREFULLY  
APPLICANT’S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in this employment application are true and complete. I understand that, if employed, false statements or the withholding of pertinent information on this application shall be considered cause of dismissal. **ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANER OF THE FIRST DEGREE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

<u>SENT TO</u>	<u>DATE</u>	<u>SENT TO</u>	<u>DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____