



**Napoleon Area City Schools**  
**701 Briarheath Avenue, Napoleon, OH 43545**  
**Phone: 419-599-7015 | Fax: 419-599-7035**

**APPLICATION FOR TEACHING POSITION (Certified)**

*Please fill out all the sections of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted.*

Applicant Information	
APPLICANT NAME (FIRST, MI, LAST)	
MAILING ADDRESS	
CITY, STATE AND ZIP CODE	
TELEPHONE NUMBER	EMAIL ADDRESS

Employment Position			
I AM INTERESTED IN:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Substitute (check all that apply)
POSITION DESIRED:			
TEACHING AREA/GRADE (in order of preference)	(2 <sup>nd</sup> ):	(3 <sup>rd</sup> ):	
MILITARY SERVICE? YES OR NO (CIRCLE)		IF YES, LIST YEARS OF MILITARY SERVICE:	
CURRENT EMPLOYMENT STATUS:			
WHEN CAN YOU BEGIN?			
IS THIS YOUR FIRST APPLICATION WITH THIS DISTRICT? YES OR NO (CIRCLE) IF NO, LIST DATE OF LAST APP:			
WERE YOU PREVIOUSLY EMPLOYED BY THIS DISTRICT? YES OR NO (CIRCLE) IF YES, LIST DATES: FROM _____ TO _____			

Teaching Experience		
List Most Recent Position First. Use a separate sheet if needed. (If you have never taught, Enter Student Teaching Experience in the first space.)		
School Name:		
School Address & Phone Number:		
Name of Principal/Supervisor:		
Dates Employed:	From (Month/Year):	To (Month/Year):
Grade or Subject taught:		
Extra-curricular/Duties:		
Reason for leaving:		
School Name:		
School Address & Phone Number:		
Name of Principal/Supervisor:		
Dates Employed:	From (Month/Year):	To (Month/Year):
Grade or Subject taught:		
Extra-curricular/Duties:		
Reason for leaving:		

School Name:		
School Address & Phone Number:		
Name of Principal/Supervisor:		
Dates Employed:	From (Month/Year):	To (Month/Year):
Grade or Subject taught:		
Extra-curricular/Duties:		
Reason for leaving:		

### Education and Training

WHAT HIGH SCHOOL DID YOU GRADUATE FROM?	YEAR OF GRADUATION:
COLLEGE – BEGIN WITH FIRST UNDERGRADUATE ENROLLMENT, PROGRESS TO GRADUATE LEVEL IF APPLICABLE. INCLUDE ALL INSTITUTIONS ATTENDED.	
TOTAL SEMESTER HOURS:	<i>Be consistent throughout. Use Either semester hours or quarter hours.</i>
QUARTER HOURS:	<i>Check which you are using (3 quarter hours = 2 semester hours)</i>

COLLEGE OR UNIVERSITY	MAJOR	MINOR	DEGREE

ACTIVITIES:			
HONORS:			
CUMULATIVE GRADE POINT AVERAGE	UNDERGRADUATE:	GRADUATE:	
TOTAL NUMBER OF COLLEGE CREDITS EARNED	UNDERGRADUATE:	GRADUATE:	

### Related Experience

**WORK OR VOLUNTEER EXPERIENCE** *(Include any previous experience)*  
 Briefly describe any work or volunteer service experience which could be of special value to you as a teacher. (E.g. Subject related job, Playground or Camp Leader, Sunday School Teacher, etc. (Include dates and location)

LOCATION NAME & ADDRESS	DUTIES/EXPERIENCE:
CONTACT PERSON NAME & PHONE NUMBER	

DATES WORKED	FROM (MONTH/YEAR):	TO (MONTH/YEAR):
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LOCATION NAME & ADDRESS	DUTIES/EXPERIENCE:
CONTACT PERSON NAME & PHONE NUMBER	

DATES WORKED	FROM (MONTH/YEAR):	TO (MONTH/YEAR):
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ADDITIONAL EXPERIENCE SHOULD BE LISTED ON A SEPARATE SHEET.

## General Information

Place a check mark by any activity that you are interested in. If you have actual coaching or directing experience in an activity, please list the number of years' experience on the line next to that activity.

<input type="checkbox"/> YEARBOOK	<input type="checkbox"/> BASEBALL	<input type="checkbox"/> FOOTBALL	<input type="checkbox"/> SWIMMING
<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> GOLF	<input type="checkbox"/> TENNIS
<input type="checkbox"/> CLASS/CLUB ADVISOR	<input type="checkbox"/> CHEERLEADING	<input type="checkbox"/> SOCCER	<input type="checkbox"/> TRACK
<input type="checkbox"/> DEBATE	<input type="checkbox"/> CROSS COUNTRY	<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> VOLLEYBALL
<input type="checkbox"/> DRAMATICS	<input type="checkbox"/> SPEECH	<input type="checkbox"/> WRESTLING	<input type="checkbox"/> VOCAL MUSIC
<input type="checkbox"/> INSTRUMENTAL MUSIC		<input type="checkbox"/> OTHER	

Give Additional Information if you wish: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Applicant Information

BRIEFLY DESCRIBE PROFESSIONAL RECOGNITION, MEMBERSHIPS AND GROWTH ACTIVITIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IN THE SPACE BELOW, PLEASE INCLUDE ANY OTHER PERTINENT DATA OR INFORMATION NOT PREVIOUSLY ASKED FOR ON THE APPLICATION WHICH MIGHT ASSIST US IN ARRIVING AT A MORE REALISTIC APPRAISAL OF YOUR TRAINING, EXPERIENCE, AND OVERALL COMPETENCE.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Ohio Certificate/License

DO YOU HOLD A CURRENT CERTIFICATE OR LICENSE? YES OR NO (circle)

IF NO, WHEN DO YOU EXPECT TO RECEIVE AN OHIO LICENSE?

**OHIO LICENSURE INFORMATION**

STATE ISSUED BY:

ISSUE DATE:

EXPIRATION DATE:

OHIO CERTIFICATE/LICENSE NUMBER:

LIST TEACHING AREA(S) SHOWN ON YOUR CERTIFICATE/LICENSE:

HAVE YOU EVER HAD A TEACHING CERTIFICATE/ LICENSE REVOKED IN ANY STATE? YES OR NO (CIRCLE)

IF YES, PLEASE EXPLAIN:

ARE YOU UNDER CONTRACT FOR NEXT SCHOOL YEAR? YES OR NO (circle)

IF YES, WHEN DOES YOUR CONTRACT EXPIRE?

## References

### **PROFESSIONAL REFERENCES**

#### SUPERINTENDENT OR COLLEGE DEAN OR OFFICER

NAME:	TITLE:
ADDRESS:	PHONE NUMBER:
CITY, STATE AND ZIP CODE	EMAIL ADDRESS:
YEARS KNOWN:	

#### DEPARTMENT CHAIR OR COOPERATING TEACHER OR OTHER ADMINISTRATOR

NAME:	TITLE:
ADDRESS:	PHONE NUMBER:
CITY, STATE AND ZIP CODE	EMAIL ADDRESS:
YEARS KNOWN:	

#### REGULAR SUPERVISOR OR STUDENT TEACHING SUPERVISOR OR OTHER ADMINISTRATOR

NAME:	TITLE:
ADDRESS:	PHONE NUMBER:
CITY, STATE AND ZIP CODE	EMAIL ADDRESS:
YEARS KNOWN:	

#### YOUR CHOICE

NAME:	TITLE:
ADDRESS:	PHONE NUMBER:
CITY, STATE AND ZIP CODE	EMAIL ADDRESS:
YEARS KNOWN:	

HAVE YOU EVER BEEN NON-RENEWED OR RESIGNED WHILE UNDER DISCIPLINARY INVESTIGATION, THREAT OF A DISCHARGE, OR NON-RENEWAL? YES OR NO

IF YES; PLEASE LIST THE EMPLOYER, DATE OF THE DISCHARGE, NON-RENEWAL OR RESIGNATION AND THE REASON.

EMPLOYER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ REASON: \_\_\_\_\_

## Applicant Acknowledgement & Signature

In signing this application, I verify that all information provided on this application is true, accurate and complete. It is understood that this application becomes the property of the Napoleon Area City School District Board of Education. References and personal information which become part of this record are to be regarded as confidential and shall not be revealed to me.

By signing, I further understand that employment within the Napoleon Area City Schools will require a criminal background check complying with ORC 3319.31. Any person knowingly making a false statement is guilty of falsification, which is a first degree misdemeanor.

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

Napoleon Area City Schools is an Equal Opportunity Employer. No person shall on the basis of sex, race, color, religion, military status, disability, age, ancestry, genetic information, or national origin be excluded from participation in, denied the benefits of or be subjected to discrimination in employment, or recruitment, consideration, or selection. Information requested is used only to determine the applicant's ability to meet job criteria and perform satisfactorily. (Note: Napoleon Area City Schools complies with the ADA and confers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential job functions).