

LINCOLNVIEW LOCAL SCHOOLS
TEACHER APPLICATION

NAME: _____

ADDRESS: _____ **PHONE NO.:** _____

APPLICATION FOR WHAT POSITION: _____

EDUCATION: _____

Degree

High School _____

College/University _____

Post Graduate _____

<u>Majors & Semester Hours</u>	<u>Minors & Semester Hours</u>
_____	_____
_____	_____

TEACHING EXPERIENCE: (List most recent first)

<u>Name of School</u>	<u>Grade or Subject Taught</u>
_____	_____
_____	_____
_____	_____

CERTIFICATES HELD: _____

Subject or grade you prefer to teach: _____

Are you interested in helping with extra-curricular activities? _____

List activities you prefer: _____

Are you under contract for next year? _____

REFERENCES:

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I acknowledge being informed, that as a precondition to employment, in the position for which I am applying, I must in accordance with Ohio law both provide a set of fingerprints and satisfactorily pass a background check if I come under final consideration for employment. I recognize that I will be charged for the cost of the records check, and that unless I pay the fee, I will not be considered for employment.

I represent that all information furnished in connection with this application is true and accurate to the best of my knowledge. I further recognize, that should the employer discover that I have falsified any such information, I will not be hired, or if already hired, will be subject to termination from employment on that ground.

Date: _____ Signature: _____

Please return to:

Superintendent
Lincolnview Local Schools
15945 Middle Point Road
Van Wert, Ohio 45891

AN EQUAL OPPORTUNITY EMPLOYER

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