

BELLEFONTAINE CITY SCHOOLS

Brad Hall, Superintendent

820 Ludlow Road

Bellefontaine, Ohio 43311

Telephone: 937-593-9060

Fax: 937-599-1346

Date of Application: _____

Please check all areas for which you are applying:

___ Full Time

___ Part Time

___ Substitute

___ Home Tutor

___ Private Tutor

Subjects/Grades Certified to Teach: _____

Name: _____
Last First Middle

Email Address: _____

Present Address: _____ Phone: _____

Permanent Address: _____ Phone: _____

List the institution(s) from which you have graduated and the year:

1. _____

2. _____

3. _____

Undergraduate Degree: _____ Major: _____ Minor: _____

Graduate Degree: _____

Do you hold a current Ohio license/certificate to teach? _____ Type: _____

Effective dates on license/certificate: From: _____ To: _____

If you do not now hold a license/certificate qualifying you for the position for which you are applying, will you by the start date for this position? _____

Type of license/certificate you will hold: _____

Work Experience:

List the positions you have held (teaching, non-teaching, and military) beginning with the most recent. Include student teaching if experience was within the last five years, indicating grade or subject area.

Position	Employer	Current Mailing Address	Dates of Employment

Teaching Experience in Years: _____

Do you currently hold a contract? _____

If you are an experienced teacher, how many days of accumulated sick leave do you have to your credit?

Professional References: (List correct names, positions, phone numbers, & complete addresses)

1. _____

2. _____

3. _____

Personal References: (List correct names, phone numbers, & complete addresses)

1. _____

2. _____

Extra-curricular activities and honors received:

High School: _____

College: _____

What sports and/or activities could you coach or sponsor after school hours?

When will you be available to start: _____

Please submit copies of transcripts and licenses with your application. Resumes are also appreciated.

PLEASE ANSWER THE FOLLOWING QUESTIONS IN YOUR OWN HANDWRITING.

Are there any other experiences, skills, or qualifications that you feel would be beneficial in your work with our school district?

Why do you want to teach for Bellefontaine City Schools?

I certify that to the best of my knowledge, the foregoing information in this application is correct.

Signature: _____

AN EQUAL OPPORTUNITY EMPLOYER

The Bellefontaine City School District provides opportunities for employment, retention and advancement for all people regardless of race, color, creed, national origin, political affiliation, age, sex, or handicapping condition.

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“Equal Access To A Quality Education”