Northmont City School District
1150 W. National Rd (937) 832-5000
Englewood, OH 45315 (937) 832-5031 Fax

PROFESSIONAL APPLICATION

For Teaching and Administration Positions

PERSONAL INFORMATION

NAME

First Name | Last Name

ADDRESS

Street Name

City | State | Zip Code

PHONE

EMAIL

POSTITION(S) DESIRED

Position(s) applied for: (Please check as many as apply)

☐ Full-Time ☐ Substitute ☐ Tutor

	FIELD/GRADE-LEVEL	YEARS OF EXPERIENCE
1ST CHOICE		
2ND CHOICE		
3RD CHOICE		

LICENSURE

OHIO LICENSE

Educator State ID | Year of Issue | Expiration

List subjects or fields shown on license:

Do you hold an out of state license? If yes, list state and areas of licensure.

EDUCATION

HIGH SCHOOL

Name & Location

Graduation Year

COLLEGE

Begin with first undergraduate enrollment, progress to graduate level if applicable. Include all institutions attended.

COLLEGE OR UNIVERSITY	DATES FROM/TO	MAJOR	MINOR	DEGREE & YEAR EARNED

COLLEGIATE ACTIVITIES:

COLLEGIATE HONORS:

UNDERGRADUATE CUMULATIVE GPA:

TOTAL NUMBER OF COLLEGE SEMESTER HOURS EARNED:

Undergraduate

Graduate

Undergraduate Majors:	Hours Earned:

Undergraduate Minors:	Hours Earned:

Graduate Majors:	Hours Earned:

Have you provided a copy of your college transcripts to Northmont?

TEACHING/ADMINISTRATION EXPERIENCE

List most recent experience first. Enter student teaching experience inthe first space ifyou have never taught under a regular contract. Include substitute teaching experience and show number of days substitute taught during a school year.

SCHOOL NAME

School Name

District

ADDRESS

DATES FROM:

Month/Year

DATES TO:

Month/Year

REASON FOR LEAVING:

NAME OF SUPERVISOR:

SCHOOL NAME

School Name

District

ADDRESS

DATES FROM:

Month/Year

DATES TO:

Month/Year

REASON FOR LEAVING:

NAME OF SUPERVISOR:

SCHOOL NAME

School Name

District

ADDRESS

DATES FROM:

Month/Year

DATES TO:

Month/Year

REASON FOR LEAVING:

NAME OF SUPERVISOR:

TEACHING/ADMINISTRATION EXPERIENCE CONT.

SCHOOL NAME

School Name

District

ADDRESS

DATES FROM:

Month/Year

DATES TO:

Month/Year

REASON FOR LEAVING:

NAME OF SUPERVISOR:

SCHOOL NAME

School Name

District

ADDRESS

DATES FROM:

Month/Year

DATES TO:

Month/Year

REASON FOR LEAVING:

NAME OF SUPERVISOR:

Total number of years of public school experience with minimum 120 days taught:

Non-Public:

Are you currently under contract? If yes, why do you wish to leave?

☐ Yes ☐ No

Are you now or have you ever held tenure as an Ohio teacher?

SPECIAL INFORMATION

Check any of the following activities which you are qualified to coach or direct:

- ☐ Baseball
- ☐ Basketball
- ☐ Cheerleader
- ☐ Class Sponsor
- ☐ Debate
- ☐ Dramatics
- ☐ Drill Team
- ☐ Football
- ☐ Golf
- ☐ Gymnastics
- ☐ Newspaper
- ☐ Soccer
- ☐ Softball
- ☐ Speech
- ☐ Tennis
- ☐ Track
- ☐ Volleyball
- ☐ Wrestling
- ☐ Yearbook
- ☐ Other Athletics:
- ☐ Clubs:
- ☐ Other:

List any actual coaching or directing experience and provide additional info if you desire:

MILITARY SERVICE

BRANCH OF THE MILITARY

RANK

DATES FROM: Month/Year

DATES TO: Month/Year

Before Teaching? ☐ Yes ☐ No

WORK OR VOLUNTEER SERVICE

Briefly describe any work or volunteer service experience which could be of special value to you as a teacher or administrator:

PROFESSIONAL RECOGNITION, MEMBERSHIPS & GROWTH ACTIVITIES

Briefly describe any professional recognition, memberships and growth activities:

REFERENCES

PROFESSIONAL REFERENCE

First and Last Name

ADDRESS

PHONE

HOW LONG HAS THIS PERSON KNOWN YOU?

DATES FROM: **DATES TO:**

Month/Year Month/Year

HOW DOES THIS PERSON KNOW YOU?

PROFESSIONAL REFERENCE

First and Last Name

ADDRESS

PHONE

HOW LONG HAS THIS PERSON KNOWN YOU?

DATES FROM: **DATES TO:**

Month/Year Month/Year

HOW DOES THIS PERSON KNOW YOU?

PERSONAL REFERENCE

First and Last Name

ADDRESS

PHONE

HOW LONG HAS THIS PERSON KNOWN YOU?

DATES FROM: **DATES TO:**

Month/Year Month/Year

HOW DOES THIS PERSON KNOW YOU?

ADDITIONAL QUESTIONS

Have you ever had a teaching certificate limited, suspended or revoked? ☐ Yes ☐ No

Have you ever surrendered a teaching certificate, license or permit? ☐ Yes ☐ No

Have you ever been involuntarily terminated from employment of another school district? ☐ Yes ☐ No

If you answered YES to any question, attach an explanation to this application. Please include dates, details, nature of the offense, court where the matter was heard, and name of school district involved.

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.

The Northmont City School District is an Equal Opportunity Employer and no person shall be excluded from employment on the basis of protected class status. It is the policy of the Northmont Board of Education that the best qualified applicant shall be selected for each position without regard to age, race, color, creed, religion, national origin, handicap or sex.

PLEASE READ THE FOLLOWING STATEMENT AND SIGN

With the understanding that falsification of any information furnished on this application is grounds for the rejection of this application or dismissal after my employment (if I am hired), I certify that all such information is true and complete to the best of my knowledge, and I hereby authorize agents of the Northmont City Schools and those acting in accordance with their direction to investigate same. I understand that any such investigation may include, but need not be limited to, an inquiry to the Ohio Bureau of Criminal Identification and Investigation and to other law enforcement agencies; I accordingly agree to cooperate promptly and fully during the application process Further, I hereby give my permission to the Ohio Bureau of Criminal Identification and Investigation and other law enforcement agencies, as well as any and all other persons and entities who might have knowledge concerning information that I have provided on this form, to disclose to agents of the Northmont City Schools and those acting in accordance with their direction all pertinent information in their possession (except to the extent that I have expressly stated otherwise on this form), and I release those so requesting, receiving, and providing that information, and their respective agents and principals, from any and all liability in connection therewith to the full extent permitted by law, and I voluntarily authorize Northmont City Schools to contact any references whose names I have submitted. I voluntarily release this school district and any persons providing information from any liability and claims relating to the use of information obtained.

Signature of Applicant

Date

APPLICATION WILL BE KEPT ON FILE FOR ONE YEAR