



Teacher Application Information for Clark County Schools

CONTACT

Daniel Bennett, Superintendent
Clark County Educational Service Center
Garfield Building
4170 Allium Court
Springfield, Ohio 45505
(937) 325-7671

Clark County Public Schools

Clark-Shawnee Local
Greenon Local
Northeastern Local

APPLICATION FOR EMPLOYMENT
4170 Allium Court
Springfield, Ohio 45505
(937) 325-7671

Northwestern Local
Southeastern Local
Tecumseh Local

EQUAL OPPORTUNITY EMPLOYERS

PLEASE WRITE LEGIBLY

This Application is for ALL Schools in the Clark County Schools System

Date _____ Social Security Number _____

Name _____
Last
First
Middle

Present Address _____ Phone (____) _____
Street/Road
City/State
Zip Code

Permanent Address _____ Phone (____) _____
Street/Road
City/State
Zip Code

Date Available to Accept Position _____

CHECK GRADE AND TYPE OF CERTIFICATE(S) YOU HOLD OR WILL HOLD BY JULY 1:

GRADE
<input type="checkbox"/> Temporary
<input type="checkbox"/> 2 Yr. Provisional
<input type="checkbox"/> 4 Yr. Provisional
<input type="checkbox"/> 5 Yr. Professional
<input type="checkbox"/> Permanent

TYPE OF CERTIFICATE / LICENSE		
<input type="checkbox"/> Early Childhood P-3	<input type="checkbox"/> Elementary Principal	<input type="checkbox"/> Educ. Of Handicapped (K-12)
<input type="checkbox"/> Kng./Primary K-3	<input type="checkbox"/> Middle School Principal	<input type="checkbox"/> L.D.
<input type="checkbox"/> Kng./Elem. K-8	<input type="checkbox"/> High School Principal	<input type="checkbox"/> D. H.
<input type="checkbox"/> Elementary 1-8	<input type="checkbox"/> Supervisor	<input type="checkbox"/> O.W.A./O.W.E.
<input type="checkbox"/> Middle School 4-9	<input type="checkbox"/> Superintendent	<input type="checkbox"/> Pupil Pers./Counselor/Psych./Audiologist
<input type="checkbox"/> High School 7-12	<input type="checkbox"/> Vocational	<input type="checkbox"/> Speech Pathologist
<input type="checkbox"/> Special K-12	<input type="checkbox"/> Comprehensive High School	<input type="checkbox"/> Occupational Therapist/Physical Therapist
		<input type="checkbox"/> Other _____

Holder of Elementary Certificate – List any area of concentration and grade(s) you prefer to teach: _____

Holder of High School/Special Certificate: list the grade level and/or subjects you are certified to teach in order of preference –

Grade Level	Subjects	Qtr. Hrs.	or	Sem. Hrs.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any extra curricular activities that you feel competent to direct (ex. – coaching, drama, etc.): _____

COMPLETE ALL BLANKS. DO NOT WRITE... "See Resume or Vita."

EDUCATIONAL and PROFESSIONAL TRAINING					
High School			Location		
Higher Education—College/University	Location/Address	Qtr. Hrs. Cr.	Sem. Hrs. Cr.	Degree	Year

EXPERIENCE (List most recent experience first):

Name of School and Location	Grade and/or Subject	Dates of Service		Office Use Only
		From	To	

Total number of years of public school experience ____; Nonpublic experience _____. Are you now under contract? ____ Have you ever been awarded a continuing contract? ____ Have you ever had your certificate revoked? _____

REFERENCES: List the names of superintendents and principals in most recent positions (if no teaching experience, list other references, i.e. student teaching, college professors, etc.):

Name	Complete Address	Telephone	Position

Please request that your college/university forward your credential file to our office. Also, you may include your personal vita/resume and any additional information that you feel might be helpful in consideration for employment.

I affirm the facts set forth in this application are true and complete, and I understand that false statements or information withheld on this application shall be considered sufficient cause for dismissal. I hereby authorize the release of all information from previous employers, educational institutions, and records to the Clark County Educational Service Center. I also grant permission for a background search by the Clark County Sheriff's Department or any other law enforcement agency deemed necessary (a signature is required for employment consideration).

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." (R.C.3319.319.)

I voluntarily authorize the Clark County Educational Service Center to contact any references whose names I have submitted. I voluntarily release this School District and any of the persons providing information from any liability or legal claims relating to the use of information obtained.

READ CAREFULLY BEFORE SIGNING:

I agree that any claim or lawsuit relating to my service with the Clark County Educational Service Center or any Clark County School District must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature: _____

NOTICE: The Board of Education does not discriminate on the basis of race, color, national origin, sex (including sexual orientation and transgender identity), disability, age, religion, military status, ancestry, genetic information (collectively, "Protected Classes"), or any other legally protected category, in its programs and activities, including employment opportunities.

In accordance with Federal law, any person employed by this District must provide evidence that s/he is eligible to work in the United States.

NOTE: Your application will remain in our active file for one (1) year. If you would like to continue your application after that time, please notify our office in writing.

-----**DO NOT WRITE BELOW THIS LINE**-----
FOR OFFICE USE ONLY

Date received: _____ Date mailed to local districts _____

Interviewed by: _____
Name Position Office

Date Interviewed: _____

Referred to: _____ Date: _____

Referred to: _____ Date: _____

Initials _____

