



**Steubenville City Schools
Administration Office
611 North Fourth Street
Steubenville, Ohio 43952**

Notice: When application is submitted to Steubenville City Schools, it becomes public record and may be reviewed by the Public, including news media

Application For Employment

Personal

Applicant's Full Name

(Last)

(First)

(M.I.)

Other Name(s)

(Please provide any additional information relative to maiden name, change of name, previous name or alternative name, necessary to enable a check on your work or school record)

Current Address

(Street)

(City)

(State)

(Zip)

Mailing Address

(if different)

(Street)

(City)

(State)

(Zip)

Telephone

(Home)

(Cell)

(Other)

Social Security Number

(Note: Completion of Social Security number is optional. Failure to submit Social Security number on this form will not prohibit employment consideration. Social Security number may be required on other forms prior to employment)

Please indicate the position for which you wish to be considered:

Are you legally eligible for employment in the U.S.?

☐

YES

☐

NO

Please list any special skills.

(Languages, Technology, Coaching.....)

Have you ever applied for employment with us?

☐

YES

☐

NO

If YES When?

Why do you wish to work for

Steubenville City Schools?

Are you currently employed?

☐

YES

☐

NO

MM/DD/Y available for employment.

If YES, where?

Present Position

Under what conditions can you be released?

If presently employed, why do you wish to change?

If under contract, what type?

Continuing / Tenure?

Have you ever been refused employment as a teacher?

☐

YES

☐

NO

If YES, give reason.

Have you ever been refused tenure or a continuing contract?

☐

YES

☐

NO

If YES, give reason.

Have you ever been discharged or requested to resign from a position? ☐ YES ☐ NO

If YES, give reason. _____

Have you ever had a teaching certificate or license revoked or suspended? ☐ YES ☐ NO

If YES, give reason. _____

Have you ever been convicted of a violation other than a minor traffic violation? ☐ YES ☐ NO

If YES, give reason. _____

Are there any criminal charges or proceedings pending against you? ☐ YES ☐ NO

If YES, give reason. _____

Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child? ☐ YES ☐ NO

If YES, give reason. _____

For Middle School and High School Applicants

List below in order of preference, all subjects you are prepared to teach.

Subject	Average Grade

For Elementary Applicants

What reading program are you familiar with? _____

In what subjects do you do your best work? _____

Can you teach: Vocal Music? ☐ Art? ☐ Physical Education? ☐ Football? ☐

Baseball? ☐ Basketball? ☐ Track? ☐ Swimming? ☐ Wrestling? ☐

Educational and Professional Training *(Please list chronologically)*

Level of Education	Name of School or University	State	Field of Study	Type of Degree	Year of Graduation	Dates of Attendance

Student Teaching Experience *(Please list chronologically)*

Name of School	School Address and Phone Number	Grade Level And/or Subject	Dates

Teaching Experience *(Please list chronologically all teaching experience - do not include substitute teaching)*

Name of School	School Address and Phone Number	Position Held	Dates	Total Years	Full-time or Part-time?

Non-Teaching Experience *(Please list chronologically all teaching experience - do not include substitute teaching)*

Name of Employer	Employer Address and Phone Number	Description of Duties	Dates of Employment

Military Experience

Branch of Service	Occupational Specialist (MOS)	Inclusive Dates	Type of Discharge

Licensure

Have you been issued an Ohio License? ☐ YES ☐ NO Number: _____

Type of License: ☐ 2-Year ☐ 5-Year ☐ Permanent ☐ Temporary ☐ Sub Expires: _____

Subject Area(s):

Grade Level(s): ☐ Pre-K-3 ☐ 4-9 ☐ Adolescent Young ☐ Adult ☐ Other

Have you for an Ohio License? ☐ YES ☐ NO When? _____

Have you been issued a license in another state? ☐ YES ☐ NO

State: _____ Expiration Date: _____ Subject Area/Grade Levels: _____

Have you taken the Praxis I? ☐ YES ☐ NO Praxis II? ☐ YES ☐ NO

References

Name of Reference	Address & Phone Number	Relationship

Signature

The Steubenville City School District is an Equal Opportunity Employer

I hereby declare the information provided by me in the Application For Employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with neighbors, friends, and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

Date: _____ Signature: _____