



**MARGARETTA LOCAL SCHOOL DISTRICT
PROFESSIONAL (CERTIFICATED) APPLICATION**

Margaritta Local Board of Education
305 South Washington Street
Castalia, OH 44824

To applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. **(Please note:** Drug, Alcohol, & Tobacco testing will be done on all new applicants prior to hiring.)

Position Desired: Administration ____ Elementary ____ Secondary ____ Substitute ____ Other ____

PERSONAL

Name _____ SS# _____
Last First Middle

Present Address _____ Phone No. _____

City, State, Zip _____ Cell No. _____

(Note: Candidates are subject to a criminal background check.)

Have you ever been dismissed or asked to resign from any teaching position or other education position?

__No __Yes If yes, please explain: _____

Reason for leaving last position or for wanting to leave present position: _____

RECORD OF EDUCATION

<u>School</u>	<u>Name and Address of School</u>	<u>Course of Study</u>	<u>Date of Graduate</u>
High School:	_____	_____	_____
College:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

PROFESSIONAL STATUS

List all Ohio Certificates that you currently possess or for which you have applied.

Type (Pk-3, K-8, etc)	Grade (Provisional, Professional, etc.)	Subjects	Exp. Date

Are you presently under contract to another district? No Yes When does the contract expire? _____

Have you ever been given a continuing contract? No Yes

List, in order of preference, the grades or subjects you want to teach. _____

List activities you will supervise/coach: _____

Write a brief summary of your educational philosophy in longhand: _____

PROFESSIONAL EXPERIENCE

Starting with present or most recent, list all previous employers. If more space is required, please continue on a separate sheet.

No. of Years	Dates To & From	Position Title	School District/Organization Address	Reason for Leaving

PROFESSIONAL/WORK REFERENCES

Please list below the name and address of five persons who can speak of your professional competency and character.

Name: _____ Type of Acquaintance: _____

Address, City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Type of Acquaintance: _____

Address, City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Type of Acquaintance: _____

Address, City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

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Address, City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Type of Acquaintance: _____

Address, City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

BIOGRAPHICAL SKETCH: Write a short autobiography in the space below. Include any experience or talent which will, in your estimation, contribute to your success in the position of which you are make application; such as, scholastic distinctions, travel, community activities, foreign language skills, musical or artistic talent, athletic achievement, coaching, journalism, and dramatics.

I certify that the information in this application is true and accurate to the best of my knowledge and belief.

I hereby authorize the Board of Education or its agents to conduct such investigations and to obtain such records (including criminal and credit records) as the Board deems necessary. I understand that giving false or misleading information, either oral or written, may result in denial or termination of my employment.

I understand that Margareta Local Schools observes a standard of strict confidentiality with regard to information submitted by applicants. However, I understand that Ohio public records laws may mandate disclosure of applicant information by the school district conducting the Superintendent search.

Signature of Applicant

Date