



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

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

We appreciate your interest in working for the Board of Education.

**Position Desired:** Administration \_\_\_\_\_ Elementary \_\_\_\_\_ Secondary \_\_\_\_\_ Substitute \_\_\_\_\_ Other \_\_\_\_\_

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**Knowingly giving false or misleading information is a crime and can result in denial or termination of employment.**

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**PERSONAL INFORMATION**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Present Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell No. \_\_\_\_\_

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**CRIMINAL BACKGROUND**

If you have been convicted of or pleaded guilty to any offenses described in R.C. 3319.39, you may not be hired and must be released from employment, as applicable.

If you come under final consideration for employment, you will be required to provide a set of fingerprint impressions. Furthermore, a criminal records check is required to be satisfactorily completed per R.C. 109.572.

**PRE-EMPLOYMENT DRUG TESTING**

All candidates who have received a conditional job offer are required to undergo pre-employment drug testing.

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**EDUCATIONAL BACKGROUND**

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

**PROFESSIONAL STATUS**

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

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

Are you presently under contract with another school district? \_\_\_\_\_ No \_\_\_\_\_ Yes

When does that 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 are interested in supervising or coaching: \_\_\_\_\_

Write a brief summary of your educational philosophy in longhand: \_\_\_\_\_

**PROFESSIONAL EXPERIENCE**

Starting with present or most recent, list all 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

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

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving last position or for wanting to leave present position: \_\_\_\_\_

\_\_\_\_\_

Have you ever had a professional license or certification that has been denied, revoked, suspended, or subject to any disciplinary action?

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please identify the license/certification and explain: \_\_\_\_\_

\_\_\_\_\_

Are you currently subject to investigation by any State/professional agencies, licensing boards, or review bodies?

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

### **PROFESSIONAL/WORK REFERENCES**

Please provide contact information for 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: \_\_\_\_\_

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: \_\_\_\_\_

**BIOGRAPHICAL SKETCH:** Write a short autobiography in the space below. Include any experience or talent that you believe will contribute to your success in the position for which you are applying. This may include things such as scholastic distinctions, travel, community activities, foreign language skills, musical/artistic talent, athletic achievement, coaching, journalism, and theatrics.

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**ANY APPLICANT WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER R.C. 2921.13, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.**

- I understand that giving false or misleading information, either orally or in writing, may result in denial or termination of my employment.
- I certify that the information in this application is complete, true, and accurate to the best of my knowledge and belief.
- I authorize the Board of Education and its agents to conduct such investigations and to obtain such records (including criminal and credit records) as the Board deems necessary.
- 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 application information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The Board of Education does not discriminate on the basis of race, color, national origin, sex (including sexual orientation and gender 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.