

LISBON EXEMPTED VILLAGE SCHOOL DISTRICT  
317 North Market Street, Lisbon, OH 44432

**PROFESSIONAL EMPLOYMENT APPLICATION**

DATE \_\_\_\_\_  
NAME \_\_\_\_\_  
PRESENT ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
PERMANENT ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
US CITIZEN YES  NO  Date Available for Employment \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

\_\_\_\_\_ EARLY CHILDHOOD ED (Grades Pre K-3) \_\_\_\_\_ SECONDARY SCHOOL (Grades 7-12)  
\_\_\_\_\_ MIDDLE CHILDHOOD (Grades 4-9) \_\_\_\_\_ FULL TIME TEACHING  
\_\_\_\_\_ INTERVENTIONAL SPECIALIST \_\_\_\_\_ SUBSTITUTE TEACHING

GRADES/SUBJECTS IN ORDER OF PREFERENCE

\_\_\_\_\_  
\_\_\_\_\_

To The Applicant:

Data submitted hereon should be complete and accurate. Falsification will be cause for disqualification and termination. Valid teaching license, transcript of credits, current BCI and FBI reports, employment eligibility teaching form (I-9), and confirmation of prior teaching and/or military service will be required. Medical information will not be used to exclude qualified individuals.

**Office Use Only**

\_\_\_\_\_ Base  
\_\_\_\_\_ Experience  
\_\_\_\_\_ Military  
\_\_\_\_\_ TOTAL  
\_\_\_\_\_ Effective Date

"AN EQUAL OPPORTUNITY EMPLOYER"

The Lisbon Exempted Village School District is an equal opportunity employer. Board Policy affirms its commitment toward nondiscrimination on the Basis of sex, race, creed, color, age, national origin or handicap in educational programs and employment.

**TEACHING EXPERIENCE**

Years (Dates)	Name of School	Address	Grade and/or Subjects taught	Months/Years of Service

Reason for leaving present or last teaching position \_\_\_\_\_

Total teaching experience in years \_\_\_\_\_

Annual salary in most recent position. \$ \_\_\_\_\_

Are you under contract for the ensuing year? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever held a continuing contract in the State of Ohio? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have, when and where was it granted? \_\_\_\_\_

List memberships in professional associations \_\_\_\_\_

**OTHER EMPLOYMENT EXPERIENCE**

Years (Dates)	Employer	Address	Position	Full or Part-time

Reason for leaving present or last position \_\_\_\_\_

**MILITARY SERVICE RECORD**

Branch of Service	Job Description	Induction Date	Discharge Date	Length of service		
				Years	Months	Days

**EDUCATION** (If you have not yet graduated, list degree and date anticipated.)

School	Name & Location	Attended		Sem/Qtr	Degree	Date	GPA
		From	To	Hours	Received		
Elementary School							
High School							
Colleges/Universities							
Undergraduate							
Graduate							
Other							

**TEACHING FIELDS**

Subject Area: \_\_\_\_\_  
 Subject Area: \_\_\_\_\_  
 Subject Area: \_\_\_\_\_

**LICENSURE**

Type of Ohio License Held: \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

**STUDENT TEACHING**

School \_\_\_\_\_ Location \_\_\_\_\_  
 Grades/Subjects \_\_\_\_\_ Dates \_\_\_\_\_

**OTHER INFORMATION**

1. What activities are you qualified to direct or coach?  
\_\_\_\_\_
2. List any extracurricular activities in which you participated in high school or college.  
\_\_\_\_\_
3. List any elected offices held.  
\_\_\_\_\_
4. List any honors or awards received.  
\_\_\_\_\_
5. List your avocations (Hobbies).  
\_\_\_\_\_
6. List the places you have traveled.  
\_\_\_\_\_

**REMARKS**

(Use this space to state experience and interests both in school and out of school that would seem to be valuable and useful in the teaching profession and would have a bearing upon your qualifications for the position.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES:**

(Please give names of persons not your relatives, who have knowledge of your teaching ability, educational background, work experience and character.)

Name and Title	Complete Address			Telephone
	Street	City	State, Zip	
Cooperating Teacher				
College Supervisor of Student Teaching				

If you are registered with a university placement service, give name and address (Give name under which registered, if different from name on front of application.)

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I HEREBY AFFIRM THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

<b>OFFICE USE ONLY</b>		
Interview Date	Remarks	By