

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.)

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

DATE: _____

SIGNATURE: _____

OFFICE USE ONLY		
Interview Date	Remarks	By