

Professional Employment Application

310 Browning Street
East Canton, Ohio 44730

Posted Position Applying for: _____

Last Name _____ First Name _____ Middle Initial _____

Address _____

Telephone (____) _____

Are you prevented from lawfully becoming employed in
this country because of Visa or Immigration Status?

____ Yes ____ No

(Proof of citizenship or immigration status will be required upon
employment - I-9 Form)

Citizen of U.S.? ____ Social Security Number _____

Are you employed in education at the present time? ____

If yes, indicate school system and position

Present occupation if not in education

Date _____

Indicate position for which you are
applying:

Full-time teaching

Administration

Indicate Certificate/License type:

Pre-Kindergarten

Kindergarten

Primary (K-3)

Middle (4-9)

High School (7-12)

Adolesc to Young Adult (7-12)

Adult (7-12)

Multi-Age (PK-12)

Intervention Specialist

Vocational/Career Tech (4-12)

Superintendent

Early Childhood (PK-3)

Principal

Pupil Services

Administrative Specialist

Are you under contract at the present time? _____ If yes, give expiration date _____

Have you ever been granted a continuing contract (tenure) in a school district in Ohio?

No ____ Yes ____ in the _____ School District in _____ County

When would you be available for employment _____

(You MUST include a copy of your VALID Ohio certificate(s) with the completed application. If you do not hold Ohio certification, you must contact the Ohio Department of Education, Curtis Hewitt, 614/466-3593, to apply for Ohio certification)

NOTIFICATION: No person shall, on the basis of race, color, creed, or sex, be denied employment by the Osnauburg Local School District.

TEACHING AND SCHOOL ADMINISTRATION EXPERIENCE (use first line for student teaching or internship.)

Name/Address of School	Subjects and grades taught and administrative position(s) held	Dates	
		From	To

SUBJECT PREPARATION

List grade level(s), or if secondary, subjects you are certified to teach in order of preference.		
1.	3.	5.
2.	4.	6.

COLLEGES/UNIVERSITIES ATTENDED

Name of School	Dates		Degree	Academic and/or Teaching Majors	Semester Hours
	From	To			

TEACHING, SUPERVISORY, AND ADMINISTRATIVE CERTIFICATES HELD

Certificate #	State	Type	Area(s) listed on Certificate	Date Issued	Date Expires

ACADEMIC AND PROFESSIONAL REFERENCES (If experienced educator, include superintendents, principals, or supervisors under whom you worked.)

Name	Address	Position	Telephone

OTHER WORK EXPERIENCE

Name and address of employer	Nature of work	Dates	
		From	To

EXPERIENCE IN WORKING WITH YOUTH (other than teaching)

Organization	Dates	Age Group	Responsibilities

SPECIAL INTERESTS (i.e., coaching, club advisor, etc.)

EXPLAIN BRIEFLY YOUR LEADERSHIP PHILOSOPHY THAT YOU WOULD BRING TO OSNABURG LOCAL

[Empty box for leadership philosophy]

APPLICATION

We appreciate the time and interest you have given in making application to Osnaburg Local Schools. We hope to reciprocate this by giving your application prompt consideration. Upon receipt of your application it will be processed and placed in our active file for consideration when openings occur. If you have other questions concerning employment in the Osnaburg Local School District, we will make every effort to answer them for you. ALL APPLICATIONS SHOULD BE RENEWED ANNUALLY.

READ CAREFULLY BEFORE SIGNING:
I agree that any claim or lawsuit relating to my service with the Osnaburg Local Schools or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.
Signature _____ Date _____

"I hereby certify that the answers on this application are true and correct to the best of my knowledge and belief and that any deliberate misrepresentation of fact contained herein may be grounds for invalidating any contract commitments resulting from this application. I understand that my employment will be subject to the laws of the State of Ohio and to the job descriptions and policies adopted by the Osnaburg Local Schools."

Signature _____ Date _____

It is understood and agreed that Osnaburg Local Schools may contact former employer(s) for verification of my employment history and compliance with the Bureau of Criminal Identification and Investigation (BCI) for a background check and I hereby consent to such inquiries.

I understand that if I am employed prior to the District's receipt of the BCI or FBI report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contacts with former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education's rules and regulations and any other legal requirements regarding applicant/employee criminal records, disclosure of convictions, and proper certification.

I further understand that falsification of any and all information on this application or any employment documents or failure to obtain proper certification shall result in my being disqualified from employment or in my employment being terminated. By affixing my signature, I agree to the conditions listed on this application and knowingly waive any rights I may have under Ohio law to challenge the disqualification/termination.

SIGNATURE _____ DATE _____

Return this application

to:

Osnaburg Local Schools

Attn: Diana Heath

310 Browning Street

East Canton, Ohio

44730