

Wapakoneta City Schools  
 Keith Horner, Superintendent  
 Angela Sparks, Treasurer/CFO  
 Mike Watt, Director of Operations



1102 Gardenia Drive  
 Wapakoneta, OH 45895  
 419-739-2900  
 www.wapak.org

**APPLICATION FOR PROFESSIONAL EMPLOYMENT**

Date of Application \_\_\_\_\_ Date Available for Assignment \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Permanent Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Temporary Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Dates Effective \_\_\_\_\_

**POSITIONS DESIRED**

1<sup>st</sup> Preference: \_\_\_\_\_

2<sup>nd</sup> Preference: \_\_\_\_\_

3<sup>rd</sup> Preference: \_\_\_\_\_

Other: \_\_\_\_\_

Full Time  Part Time

Will you consider assignments as a substitute?  Yes  No

**EDUCATION**

SCHOOL AND LOCATION	DATES OF ATTENDANCE (From - To)	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(High School)						
(College)						
(College)						
(Graduate Study)						

**STUDENT TEACHING EXPERIENCE**

INCLUSIVE DATES (From - To)	NAME OF SCHOOL	LOCATION (City and State)	GRADES OR SUBJECTS TAUGHT	SUPERVISING TEACHER

**TEACHING EXPERIENCE**

(List all teaching experience chronologically. Do not include student teaching. Be certain of accuracy of dates.)

INCLUSIVE DATES (From - To)		TOTAL NUMBER of YEARS	FULL DAY	HALF DAY	NAME OF SCHOOL (Indicate Public or Private)	ADDRESS (Street, City, State, Zip)	GRADE OR SUBJECTS TAUGHT
MO./YR	MO./YR						

**EXPERIENCE OTHER THAN TEACHING**

(List chronologically.)

INCLUSIVE DATES (From - To)	TYPE OF WORK	NAME AND ADDRESS OF EMPLOYER

**PROFESSIONAL REFERENCES**

List below three or more persons qualified to give information regarding your professional expertise. (Include only school superintendents, principals, supervising teachers, and college professors.)

NAME	POSITION	ADDRESS	TELEPHONE NUMBER

Have you passed the Praxis II?  Yes  No In what areas? \_\_\_\_\_

**LICENSURE** (Enclose copy of license)

OHIO LICENSE(S) CURRENTLY VALID	AREA OF LICENSURE	DATE ISSUED Month/Day/Year	DATE EXPIRED Month/Day/Year

**PERSONAL/RELATED INFORMATION**

During the past year, how many days were you absent from work or school due to illness? \_\_\_\_\_

Have you ever worked or gone to school under another name?  Yes  No If so, what name? \_\_\_\_\_

List extra-curricular activities you can coach or sponsor. \_\_\_\_\_

Are you working toward an advanced degree?  Yes  No Where? \_\_\_\_\_

If employed, why do you wish to leave your present position? \_\_\_\_\_

Have you ever been dismissed from a teaching position or asked to resign?  Yes  No If yes, explain. \_\_\_\_\_

Are you under contract for the upcoming school year?  Yes  No

Any offer of employment will be contingent upon satisfactory results of a criminal background check. Ohio law disqualifies individuals with certain criminal backgrounds from employment in public schools.

THIS APPLICATION IS NOT COMPLETE WITHOUT A SIGNATURE BELOW.

I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge and belief. This affirmation refers to employment history, degree(s) earned and courses taken. I understand that any misrepresentation, falsification or omission will be sufficient cause for denial of employment or discharge if I have been employed. The school district has my permission to contact all past and present employers.

IF YOU ARE HIRED IN A REGULAR TEACHING POSITION, YOU WILL BE REQUIRED TO PROVIDE TRANSCRIPTS OF CREDITS EARNED SO THEY MAY BE VERIFIED FOR SALARY PURPOSES.

Signature \_\_\_\_\_ Date \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER  
The Wapakoneta City School District will not discriminate with regard to race, color, religion, national origin, sex, age, or any handicapping condition.