



APPLICATION FOR PROFESSIONAL EMPLOYMENT

Date of Application _____

Date Available for Assignment _____

Name _____ (Last) _____ (First) _____ (Middle) _____ (Maiden)

Permanent Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

Home Telephone Number (____) _____

Cell Phone Number (____) _____

Email Address: _____

Temporary Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

Dates Effective _____

POSITIONS DESIRED:

1st Preference: _____

2nd Preference: _____

3rd 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)		N/A		N/A	N/A	N/A
(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 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		<input type="checkbox"/>	<input type="checkbox"/>			
MO./YR	MO./YR		<input type="checkbox"/>	<input type="checkbox"/>			
MO./YR	MO./YR		<input type="checkbox"/>	<input type="checkbox"/>			
MO./YR	MO./YR		<input type="checkbox"/>	<input type="checkbox"/>			
MO./YR	MO./YR		<input type="checkbox"/>	<input type="checkbox"/>			

EXPERIENCE OTHER THAN TEACHING

(List chronologically. Include active military service.)

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

PROFESSIONAL REFERENCES

Is Placement office sending records? Yes No

Contact your placement office and have records and transcripts sent directly to the Wapakoneta City School District. You must list below three or more persons qualified to give information regarding your professional expertise. (Include only school superintendents, principals, supervising teachers, and college professors. Please complete address and telephone numbers for day and evening.)

Name	POSITION	ADDRESS (Street, City, State, Zip)	TELEPHONE NUMBERS
			D: () E: ()
			D: () E: ()
			D: () E: ()
			D: () E: ()
			D: () E: ()

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

CERTIFICATION (Enclose copy of certificate)

	AREA OF CERTIFICATION	DATE ISSUED Month/Day/Year	DATE EXPIRED Month/Day/Year
Ohio Certificate(s) Currently Valid			
Other Professional Licenses or Certificates			

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? _____

Citizenship _____

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. _____

When can you appear for a personal interview? _____

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

Please answer the following questions (If you prefer you may use a separate sheet):

1. Why did you want to become a teacher?

2. How do you want your students to view you?

3. What about teaching is the most rewarding to you?

4. What new ideas would you like to initiate in your classroom?

5. What are your sources for ideas?

I acknowledge being informed that, as a precondition to employment in the position for which I am applying, I must, in accordance with Ohio law, both provide a set of fingerprints and satisfactorily pass a criminal records check if I come under final consideration for employment.

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.

Signature _____ Date _____

AN APPLICANT SHOULD REQUEST THAT ALL COLLEGES ATTENDED IMMEDIATELY FORWARD A TRANSCRIPT OF CREDITS, EVEN THOUGH THE TRANSCRIPT MIGHT BE A PARTIAL ONE. SEND THIS APPLICATION, TRANSCRIPT AND PLACEMENT SERVICE REFERENCE TO:

WAPAKONETA CITY SCHOOL DISTRICT
1102 Gardenia Drive
Wapakoneta, OH 45895-1063

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.