

ACTIVITIES

Please check the activities you can direct:

_____	Vocal Music	_____	Cross-Country
_____	Instrumental Music	_____	Football
_____	Orchestra	_____	Basketball
_____	Debate	_____	Track
_____	School Plays	_____	Baseball
_____	Wrestling	_____	Volleyball

Student Organizations such as: _____

EDUCATION

List each college or university you have attended:

Name/Address of Institution	Date Attended:		Date of Graduation	Degree Received	Semester Hours
	From	To			

Give full and accurate data: **TEACHING EXPERIENCE (Do not include student teaching)**

Name/Address of Institution	Grades or H.S. Subjects	Date	# of months

MILITARY

Did you serve in the U.S. Armed Forces? Yes No

If yes: Dates of service _____ Rank when separated _____

Present military classification _____

IT IS OUR DESIRE TO LEARN AS MUCH AS POSSIBLE ABOUT YOU AND YOUR INTEREST IN THE TEACING PROFESSION. THEREFORE, WE ARE REQUESTING THAT YOU PLEASE RESPOND TO THE FOLLOWING FIVE QUESTIONS IN YOUR OWN HANDWRITING.

1. What are some qualities of outstanding teaching?
2. How do you want your students to view you?
3. How do you help students experience success in learning?
4. What are your professional plans?
5. Please share additional information which will give us a more complete estimate of your training experience, character and ability.

REFERENCE

Either (a) provide us with your professional credentials, or (b) provide us with letters of reference, or both (a) and (b).

Name	Title	Address	Phone

PLEASE ATTACH A CURRENT RESUME/VITA, IF AVAILABLE, WITH YOUR COMPELTED APPLICATION. THANK YOU FOR YOUR INTEREST IN OUR SCHOOL SYSTEM.

THE MADISON-PLAINS LOCAL SCHOOLS ARE EQUAL OPPORTUNITY EMPLOYERS.

A NOTE FOR ALL CANDIDATES

NO TEACHER IS ENGAGED PERMANENTELY FOR A PARTICULAR BUILDING, GRADE OR SUBJECT. Placement is made on the basis of the best interests of the education program. Teachers, principals and all other professional and non-instructional employees may be assigned to different schools, grades or subjects within a local school district.

Be sure to supply all the information requested. No applicant will be considered who does not hold a valid certificate issued by the Ohio State Department of Education for the position.

The applicant agrees to accept the provisions of the Ohio State Teachers Retirements System, and to comply with all the rules and regulations of the employing Board of Education.

If an applicant is hired, a certified transcript of college or university credits and teaching experience must be submitted to the office of the County Superintendent and the office of the Local Superintendent before the school year begins. The County Superintendent shall certify to the Treasurer of the Local School District, the training and experience of the candidate.

I hereby authorize the transfer of all my school records. I further authorize the appropriate school officials to contact the references and request release of information without notifying me that the information is being transferred. I also understand that a police record search will be made. Any falsified statements in this document may be reason for termination of employment.

I agree that any claim or lawsuit relating to my service with Madison-Plains Local Schools 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.

This application will be considered active for twelve (12) months from the date filed. If you are hired, it becomes part of your official employment record.

Applicant's Signature

DO NOT WRITE BELOW THIS LINE

Date of Interview: _____ Interviewed by: _____

Comments: _____

Employed: _____

Position: _____

Total Experience: _____