MADISON-PLAINS LOCAL SCHOOLS 55 LINSON ROAD, SW LONDON, OHIO 43140

Phone: 740-852-0290 Fax: 740-852-5895

APPLICATIONS FOR EMPLOYMENT – CERTIFIED

PERSONAL DATA

Date:			Social Securi	Social Security Number:				
Name:								
Last First			First	t Middle				
Present Address	S:							
	Street/Road	Apt. No.	City/State	Zip	Phone			
Permanent Add	ress							
	Street/Road	Apt. No.	City/State	Zip	Phone			
	tion, we will report you	ur ethnic backgrour			ications. Should you choose not			
		CENT	IFICATION					
Position(s) appl	lying for in order of	f preference:			Full Time Teaching			
Position(s) appl	lying for in order o	f preference:	_					
Position(s) appl	lying for in order o	f preference:	_ _		Part Time Teaching			
		f preference:	 Expi	ration Date:	Part Time Teaching			
Certification Nu	umber:		 Expi		Full Time Teaching Part Time Teaching Substitute Teaching			
Certification Nu Elementary: Ce	umber:				Part Time Teaching Substitute Teaching			
Certification Nu Elementary: Ce	umber:rtified to Teach:				Part Time Teaching Substitute Teaching			
Certification Nu Elementary: Ce High School: C	umber: ertified to Teach: ertified to Teach:				Part Time Teaching Substitute Teaching			
Certification Nu Elementary: Ce High School: C	umber: ertified to Teach: ertified to Teach: ertified to Teach:			GRAD	Part Time Teaching Substitute Teaching			
Certification Nu Elementary: Ce High School: C TYPE OF CEI	umber: ertified to Teach: ertified to Teach: ertified to Teach:		tion Specialist	GRAD 5	Part Time Teaching Substitute Teaching			
Certification Nu Elementary: Ce High School: C TYPE OF CEI Superviso High Sch	ertified to Teach: ertified to Teach: ertified to Teach: ertified to Teach:	Interver Superin	tion Specialist	GRAD 5	Part Time Teaching Substitute Teaching E Year License			

ACTIVITIES

Please check the activities you can dire	ect:						
Vocal Music					Cross	s-Co	untry
Instrumental Music					Footl	oall	
Orchestra					Bask	etba	11
Debate					Track	ζ	
School Plays					Basel	ball	
Wrestling					Volle	eyba	11
Student Organizations such as:							
			J CATION				
List each college or university you have			ttended:	Date of	Degree	a	Semester
Name/Address of Institution		1	То	Graduation	Receive		Hours
Give full and accurate data:	TEA	CHI	NG EXPE	RIENCE (Do n	ot include st	uder	nt teaching)
Name/Address of Institution		Gı	rades or H	.S. Subjects	Date		# of months
		MI	LITARY				
Did you serve in the U.S. Armed Force	es?		☐ 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
	her (a) provide us with your professional credentials, or (b) provide us with letters of reference, or both and (b).
Na	me Title Address Phone
	EASE ATTACH A CURRENT RESUME/VITA, IF AVAILABLE, WITH YOUR COMPELTED PLICATION. 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 W	RITE BELOW THIS LINE
Date of Interview:	Interviewed by:
Comments:	
Employed:	
Position:	
Total Experience:	