

Teacher Application Cover Sheet

For Office Use Only

Last Name: _____

First Name, Middle Initial: _____

Position Desired: _____

Date of Application: _____

Checklist of Application Materials enclosed

Attach this form to the front of the application packet. Place a check mark () in the list below for each item enclosed then attach them to the application form in the order listed.

- _____ Application form is complete, signed, and dated.
- _____ Complete resume is enclosed.
- _____ Copies of all current teaching certificates/licenses are attached.
- _____ Copies of **all** official transcripts are attached (i.e. Bachelor's, Master's)

If any of the above information is missing, please explain why. (E.g., certificate in process.)

Return entire packet to:

**Office of the Superintendent
St. Henry Consolidated Local Schools
391 E. Columbus St.
St. Henry, OH 45883**

APPLICATION – CERTIFICATED PERSONNEL
St. Henry Consolidated Local Schools
391 E. Columbus St.
St. Henry, OH 45883

A. Personal Information

Last Name	First Name	Middle or Maiden Name
Address	City	State Zip
Phone	Email	Alt contact name & phone

B. Ohio Certificate(s)/Licenses(s) to Teach

Type	Grade Span	Teaching Fields	Issue Date	Expiration Date
Give details if certificate/license is in progress or if a copy of your present one is not attached.				

C. Position Priority Request

	First Choice	Second Choice	Third Choice
Grade Level			
Subject Area			

D. Teaching Experience

Name and Address of School System (List last experience first)	Grade Level/Subjects Taught	Dates Inclusive (school years)		Type of Experience (check one)		
		From	Thru	Regular	Substitute	Student

E. Academic Training (Official Transcripts will be required upon offer of employment)

Name of College or University	Address (City)	Degree Held	Date Rec'd	Major	Minor

F. Extra-Curricular Activities

List activities you are willing to sponsor/coach or assist in sponsoring/coaching:

G. References

Please list one personal reference and two professional references from persons you believe have the best insight about your work capabilities and habits.

	Name	Telephone	Relationship
Personal			
Professional			
Professional			

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information or omissions of fact may be cause for denial or termination of employment. Any person who knowingly makes a false statement is guilty of falsification under Section 2921.13 of the Revised Code, which is a misdemeanor of the first degree. I authorize my past employers and the references listed above to give you any and all information concerning my previous employment and any other information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that an offer of employment is subject to my completion, satisfactory to the District, of all pre-employment procedures.

Signature of Applicant

Date

This application will remain active for the current calendar year plus one additional calendar year.

