

**CONNEAUT AREA CITY SCHOOLS**  
400 Mill Street, Suite B, Conneaut OH 44030  
(440) 593-7200

**TEACHER'S APPLICATION**

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Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

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

POSITION APPLIED FOR:

SUBJECTS OR GRADES

List in order of preference. High School applicants will also list semester hours of college credit in each.

		SEMESTER HOURS
<input type="radio"/> Kindergarten	1 _____	_____
<input type="radio"/> Elementary	2 _____	_____
<input type="radio"/> Secondary	3 _____	_____
<input type="radio"/> Other	4 _____	_____

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**DO NOT WRITE BELOW THIS LINE**

INSTRUCTIONS: Fill out this application completely, supplying all the pertinent information called for. If additional space is required, attach a separate sheet of similar size.

All credits, certification data, etc. must be documented upon employment.

This application will be kept active for two years following its filing. It may be renewed upon written request, and upon receipt of data bring it up to date.

Anecdotal Record: Date of Interview \_\_\_\_\_

Date Contract Offered \_\_\_\_\_ Date Contract Received \_\_\_\_\_

BOE Hire Date \_\_\_\_\_ Hired at Degree/Step \_\_\_\_\_

It is the policy of the Conneaut Area City Schools that educational activities, employment, programs, and services are offered without regard to race, color, national origin, sex, religion, handicap or age.

## 1. EDUCATIONAL PREPARATION

School	Dates Attended From – To	Name & Location Of Institution	Nature of Course	Degree or Diploma	Year of Graduation	Semester Hours
High School						
University Or College						
Graduate School						
Additional						

Secondary Applicants summarize below the courses qualifying you to teach desired subjects:

High School Subject	Units	College or University Subject	Semester Hours	Graduate Study Subject	Semester Hours

## II. OHIO CERTIFICATION

Type	Grade	Serial No.	Issued	Expires
___ Kindergarten-Primary	___ 2 yr. Provisional	_____	_____	_____
___ Elementary	___ 5 yr. License	_____	_____	_____
___ Middle Childhood	___ 4 yr. Provisional	_____	_____	_____
___ High School	___ 8 yr. Professional	_____	_____	_____
___ Vocational	___ Permanent	_____	_____	_____
___ Special		_____	_____	_____

## III. TEACHING EXPERIENCE (List most recent years first)

Dates	Name of School	Location	Grade or Subjects Taught	No. of Months	Annual Salary	Reason for Leaving

Have you held tenure in another district? \_\_\_\_\_ If so, please state name of school district and the year in which tenure was awarded.

\_\_\_\_\_  
(District)

\_\_\_\_\_  
(Year)

**IV. OTHER WORK EXPERIENCE**

As a teen-ager \_\_\_\_\_

As a young adult \_\_\_\_\_

As an adult \_\_\_\_\_

**V. MILITARY SERVICE**

Total months of service \_\_\_\_\_ Induction Date \_\_\_\_\_

Separation Date \_\_\_\_\_

**VI. OTHER**

What special interests, training or abilities do you have which qualify you for the position sought or for extracurricular activity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State briefly your philosophy of education.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State what you would expect from your building administrator.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what you think would be the essential parts of a good lesson presentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. OTHER** (Continued)

Describe your plan for classroom discipline.

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Availability for further interviews. \_\_\_\_\_

**VII. REFERENCES**

Type	Name	Title	Complete Address
Placement Office Where Your Credentials Are Filed			
Character References			
Training References			
Experience References*			
Experience References*			
Experience References*			

\*Attach letters of reference from previous employers.

I hereby certify that the foregoing information, to the best of my knowledge, is true and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) cancel further consideration of this application; (b) rescind an offer that has been made; or if I am employed, (c) immediately discharge me from continued employment, regardless of when the discovery is made and regardless of my work performance. In submitting this application, I affirm my allegiance to the United State of America. I further agree, if employed, to abide by the rules and regulations of the Board of Education and their authorized representatives in the administration of the schools.

Signed \_\_\_\_\_