



Hardin-Houston Local School

5300 Houston Road, Houston, Ohio 45333

Ryan Maier
Superintendent

Amy Ayers
Treasurer

ph: (937) 295-3010 fx: (937) 295-3737

Sara Roseberry
Elementary Principal

Jeff Judy
High School Principal

Application for Employment

Date _____
Applicant's Name _____

PROCEDURES

1. Please complete this application and return to: Superintendent of School, Hardin-Houston Local School, 5300 Houston, Houston, Ohio 45333 or at rmaier@hardinhouston.org .
2. Please enclose a copy of the following
 - a. Your teaching certificate(s) or a letter from your Dean stating your certification areas
 - b. An unofficial transcript of credits
 - c. If applicable, your results of the Pre-Professional Skills Test, the National Teachers Exam and/or the State of Ohio Teacher Exam
3. After a review of the completed application and other materials received, interviews will be arranged (by invitation only) with selected candidates for vacant positions

PERSONAL DATA

Social Security Number: _____ U.S. Citizenship: Yes No

LAST NAME	FIRST NAME	MIDDLE NAME
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Current Address:	NUMBER AND STREET	CITY/STATE/ZIP	TELEPHONE NUMBER
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Permanent Address:	NUMBER AND STREET	CITY/STATE/ZIP	TELEPHONE NUMBER
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Email: _____

For what position are you applying? Please check below:

- | | |
|--|---|
| <input type="checkbox"/> Elementary Teacher (K-3) | <input type="checkbox"/> Elementary Teacher (4-6) |
| <input type="checkbox"/> Junior High Teacher (7-8) | <input type="checkbox"/> High School Teacher (9-12) |

Subject Area (list) _____

Administration Position: _____

Other _____

Office Use Only

Received _____ Interview Date(s) _____

Credentials _____ Transcripts _____ Employment Date _____

References Contacted _____ Resignation Date _____

(Last)

(First)

(Middle)

EDUCATION (If you have not yet graduated, list degree and date anticipated)

Name of School	Location	Dates		Sem. Hrs. Earned ¹	Grade Point Average ²	Date of Graduation	Degree Earned
		From	To				
High School Last Attended							
Colleges or Universities Attended							
					Total College Credits		

1. To reduce "quarter" hours to "semester" hour, multiply by 2/3
2. A = 4, B = 3, C = 2, D = 1

TEACHING FIELDS

Subject	Semester Hours ¹	Grade Point Average ²
Professional Education Courses		

EXTRACURRICULAR ACTIVITY SPONSORSHIP

Check any of the following that you can direct, coach, supervise or sponsor:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Plays | <input type="checkbox"/> Journalism | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Student Government | <input type="checkbox"/> Yearbook | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Clubs | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Chorus | <input type="checkbox"/> Golf | <input type="checkbox"/> Track |
| <input type="checkbox"/> Band | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Other (list) |
| <input type="checkbox"/> Playground Activities | <input type="checkbox"/> Basketball | _____ |

OTHER

Do you have any medically diagnosed health condition(s) which might need special accommodations for performing the position for which you are applying? Yes No

If yes, please explain working limitations: _____

TEACHING/ADMINISTRATIVE EXPERIENCE (Include student teaching experience)

Years (Dates)	Name of School	Address	Position Grade or Subjects Taught	Months Of Service

Total teaching experience in years _____ Annual salary in most recent position \$ _____

Reason for leaving present or last position _____

Have you ever held a continuing contract in the state of Ohio? Yes No If yes, where? _____

Have you ever been refused contract renewal? Yes No

MILITARY SERVICE RECORD

Induction Date	Discharge Date	Branch of Service	Length of Service		
			Yrs.	Mo.	Days

OTHER EMPLOYMENT EXPERIENCE

Years (Dates)	Employer	Address	Position	Full or Part-Time

REFERENCES (Name references including superintendents and principals under whom you have taught)

Name – Position	Address	Phone Number

May we contact the above listed references? Yes No

STATEMENT

In the space below (*in your own handwriting*) make a statement concerning your attitude toward the teaching profession and you plans and ambitions.

It is understood and agreed that Hardin-Houston Local School may contact former employers for verification of my employment history and the Bureau of Criminal Identification (BCI) for a background check and I hereby consent to such inquires.

I understand that if I am employed prior to the District's receipt of the BCI report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contracts with former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education's rules and regulations regarding applicant/employee criminal records and disclosure of criminal conviction listed in the category OTHER.

I further understand that falsification of any and all information on this application shall result in my being disqualified from employment or in my employment being terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.

Signature of Applicant

Date

Please Note: No Acknowledgment of this application will be forthcoming.

Unless reactivated by written request, this application will be destroyed two years from date of filing.

Please do not send credentials until they are requested.

This school district provides equal employment opportunities to all people without regard
To race, color, age, creed, national origin, sex, religion, or handicap.

THIS SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

***THANK YOU FOR YOUR TIME AND INTEREST IN MAKING APPLICATION TO THE
Hardin-Houston Local School***