

**PROFESSIONAL EMPLOYMENT APPLICATION**



# Belpre City School District

2014 Rockland Ave. • Belpre, OH • 45714  
(740)423-9511 • (740)423-3050 fax

**Tony Dunn, Superintendent**

**Lance Erlwein, Treasurer**

**NAME** \_\_\_\_\_  
Last First Middle

Other name(s) under which transcripts, certificates, and former applications may be listed:

### PERMANENT ADDRESS AND TELEPHONE

Number and Street Telephone Number

City and State Zip

Email Address: \_\_\_\_\_

### PRESENT ADDRESS IF DIFFERENT

Number and Street Telephone Number

City and State Zip

**DATE AVAILABLE FOR EMPLOYMENT** \_\_\_\_\_

### POSITION APPLIED FOR:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Grade PK – 3                  | Special Teacher in:                           | Special Education:                      | <input type="checkbox"/> Full-time Teaching  |
| <input type="checkbox"/> Grade 4 – 9                   | <input type="checkbox"/> Art                  | <input type="checkbox"/> Speech Therapy |  |
| <input type="checkbox"/> Grade 7 – 12                  | <input type="checkbox"/> Foreign Language     | <input type="checkbox"/> S.L.D.         | <input type="checkbox"/> Substitute Teaching |
|  | <input type="checkbox"/> Music                | <input type="checkbox"/> D.H.           |  |
|  | <input type="checkbox"/> Physical Education   | <input type="checkbox"/> Other          | <input type="checkbox"/> Tutoring            |
|  | <input type="checkbox"/> Vocational Education |   | <input type="checkbox"/> Home Instruction    |
| <input type="checkbox"/> Administrator (Specify) _____ |   |   |  |
| <input type="checkbox"/> Counselor                     |   |   |  |
| <input type="checkbox"/> Psychologist                  |   |   |  |

List grades or subjects in order of preference: \_\_\_\_\_

## PERSONAL DATA

Have you ever held a continuing contract in the State of Ohio?  Yes  No

If so, where and when? \_\_\_\_\_

Are you under contract for the ensuing year?  Yes  No

Have you previously held a position in the Belpre City School District  Yes  No

When? \_\_\_\_\_ Under what name? \_\_\_\_\_

Have you ever been discharged or requested to resign from a teaching position?  Yes  No

If yes, please explain fully: \_\_\_\_\_

What is your present position? \_\_\_\_\_

Have you any health problems, schedule conflicts, or other limitations which may prevent you from maintaining a consistent, punctual, full-time work schedule?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you ever been convicted of an offense of violence?  Yes  No

Have you ever been convicted of a sex offense?  Yes  No

## CERTIFICATION

Teaching Fields for which you have Ohio Certification

<b>Subject:</b>	<b>Semester Hours:</b>	Type of Ohio certificate held or anticipated:
_____	_____	<input type="checkbox"/> Temporary
_____	_____	<input type="checkbox"/> Resident Educator (4-year)
_____	_____	<input type="checkbox"/> Professional (5-year)
_____	_____	<input type="checkbox"/> Permanent

List out-of-state certificates: \_\_\_\_\_ Expiration date(s) of certificate(s): \_\_\_\_\_

### ALL APPLICANTS:

Are you willing to direct, coach or teach an extra curricular activity?  Yes  No

Please list activities:

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

### K-6 APPLICANTS:

Can you play the piano?  Yes  No

Can you teach music?  Yes  No

Can you teach art?  Yes  No

Can you teach physical education?  Yes  No

Other related skills: \_\_\_\_\_

\_\_\_\_\_

## EDUCATIONAL HISTORY

**EDUCATION** (If you have not yet graduated list degree and anticipated graduation date.)

Name and Location of School	Dates Attended From To	Semester Hours Earned	Grade Point Average	Date of Graduation	Degree Earned	Major Subject	Minor Subject
High School last attended		XXXXXX XXXXXX	XXXXX XXXXX	XXXXXXXXX XXXXXXXXX	XXXXX XXXXX	XXXXX XXXXX	XXXXX XXXXX
Colleges or Universities Attended							

\_\_\_\_\_ Total College Credits

### DATE OF STUDENT TEACHING EXPERIENCES

This experience occurred during the school year beginning September, \_\_\_\_\_ and concluding June, \_\_\_\_\_.

School Building	School District	Grade/Subjects Taught

### SALARIED TEACHING AND/OR ADMINISTRATIVE EXPERIENCE

School and Name and Address Of Board of Education	Employment Dates From To	No. of Years	Grades and Subject Taught	Annual Salary

### NON-TEACHING WORK EXPERIENCE

Position	Name and Address of Organization	Dates From To	Name of Person in Charge

### MILITARY SERVICE RECORD

LENGTH OF SERVICE

Induction Date	Discharge Date	Branch of Service	Yrs.	Mos.	Days

## PROFESSIONAL REFERENCES

List only those persons who are qualified to evaluate your qualifications for positions sought. Include Principals/Superintendents of systems where experience was gained.

Full Name of Reference	Position	Complete Address (include Zip Code)	Phone No.

## GENERAL INFORMATION TO APPLICANT:

**APPLICANTS ARE CONSIDERED WITHOUT REGARD TO THEIR RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, HANDICAPPED STATUS, OR ALIENS LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES.**

Upon completion of this application, we recommend that you submit the following:

- Credentials (including student teacher evaluation). It is your responsibility to have the college placement office send your references and credentials.
- Complete transcript of grades
- Copy of your current Ohio teaching certificate

Notification that you are no longer available will be appreciated. Of course, any applicant not employed for the current school year, who wishes consideration for the ensuing school year, should notify the superintendent's Office to reactivate his/her application.

If you are employed by Belpre City Schools, a medical examination, valid teaching certificate, **official** transcripts, confirmation of military service dates, and proof of citizenship may be required.

## BELPRE CITY SCHOOLS AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that the Belpre City Schools Board of Education may want to verify the statements I have made in this application. I hereby give my permission for Belpre City Schools or its authorized representative, either at this time or any time during my employment with the Board, to request and review prior employment records.

Further, I authorize all persons listed as "references" on this application to provide a personal evaluation of my abilities and potential for a position for which I am a candidate. I acknowledge that said information is confidential and hereby waive my right of access to any information received, and that the information shall remain confidential. This application and all other pre-employment documents becomes the property of the Belpre City Schools Board of Education.

I certify that all statements on this application are true and complete, and any false or incomplete statements may result in disqualification or dismissal.

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SIGNATURE

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DATE

*"An equal provider of services and an equal opportunity employer"*

**Belpre City School District Statement of Confidentiality for School  
Employee/Volunteer**

I understand that in the course of my action with the Belpre City School District, I share the responsibility of maintaining the confidentiality on any employee or student information that I may have available to me. I understand that it is my responsibility to assure rights of confidentiality of information both written and verbal.

As an employee/volunteer, I will work with the highest standards, committed to the idea that my work will benefit students. I understand that in the performance of my duties, I am not to discuss academic or other confidential information regarding students or employees with anyone except appropriate school personnel. Any breach of confidentiality will be carefully reviewed and if substantiated could result in termination of employee/volunteer involvement with the Belpre City School District, and may result in legal action.

I acknowledge that I have read and understand this statement of confidentiality.

\_\_\_\_\_  
Employee/Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (School Official)

\_\_\_\_\_  
Date

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