



OUR MISSION

The mission of Northmont City Schools is to provide students an exceptional education with diverse opportunities so they maximize their potential and are productive, responsible citizens.

NORTHMONT

City School District
4001 Old Salem Road
Englewood, OH 45322
937-832-5000
Fax: 937-832-5031

PROFESSIONAL APPLICATION

Name: _____ Social Security Number: _____

Present Address: (until) _____ Permanent Address: _____

Phone (_____) _____ Phone (_____) _____

POSITION DESIRED

Position(s) applied for: *(Please check as many as apply)*

- Full-Time Substitute Tutor

	<u>Field/Grade-Level</u>	<u>No. Years Experience</u>
1 st Choice:	_____	_____
2 nd Choice	_____	_____
3 rd Choice	_____	_____

CERTIFICATION

My OHIO certificate is: *(Please check)*

- Pending *(give date applied for)* _____
- Licensure Provisional Professional Permanent
- _____ Year of Issue _____ Expiration Date _____ Certificate No.

Type: *(Please check)* IF SECONDARY OR SPECIAL, PLEASE LIST SUBJECTS OR FIELDS SHOWN ON CERTIFICATE

- Kindergarten - Primary _____
- Kindergarten - Elementary _____
- Elementary _____
- Secondary _____
- Special _____

EDUCATIONAL PREPARATION

High School: _____ Class of: _____
Name Location

Activities: _____ Honors: _____

COLLEGE

(Begin with first undergraduate enrollment, progress to graduate level if applicable. Include all institutions attended.)

_____ Semester hours or Be consistent throughout. Use either semester hours or quarter hours.
Check which you are using. (3 quarter hours = 2 semesters hours)

or
 _____ Quarter hours

COLLEGE OR UNIVERSITY	DATES FROM TO	MAJOR	MINOR	DEGREE	YEAR

ACTIVITIES:

HONORS:

UNDERGRADUATE CUMULATIVE GRADE POINT AVERAGE: _____

CHECK: THIS IS ACTUAL: _____ ESTIMATED: _____

TOTAL NUMBER OF COLLEGE SEMESTER HRS. EARNED: _____ UNDERGRADUATE _____ GRADUATE

Undergraduate Majors 1. _____ Hrs. in _____ Minors 1 _____ Hrs. in _____

2. _____ Hrs. in _____ Minors 2 _____ Hrs. in _____

Graduate Majors 1. _____ Hrs. in _____ Minors 1 _____ Hrs. in _____

1. _____ Hrs. in _____ Minors 2 _____ Hrs. in _____

EXPERIENCE

List most recent experience first. Enter student teaching experience in the first space if you have never taught under regular contract. Include substitute teaching experience and show number of days substitute taught during a particular school year.

Dates From: <input style="width: 100%; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Year </div>	School Name & Address: _____ _____ _____	Duties: Subject/grade taught: _____ Extra Curricular: _____ _____
Dates To: <input style="width: 100%; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Year </div>		
Name of Principal		Reason for leaving:

Dates From: <input style="width: 100%; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Year </div>	School Name & Address: _____ _____ _____	Duties: Subject/grade taught: _____ Extra Curricular: _____ _____
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Name of Principal		Reason for leaving:

Total number of years of public school experience with minimum 120 days taught: _____ Non-Public _____

Are you now under contract? Yes No If yes, why do you wish to leave? _____

Are you now or have you ever held tenure as an Ohio teacher? _____

SPECIAL INFORMATION

Check any of the following activities which you are qualified to coach or direct. Use a double check to show actual coaching or directing experience. Give additional information, if you desire.

- | | | | |
|------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Yearbook | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Drill Team |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Cheerleader |
| <input type="checkbox"/> Dramatics | <input type="checkbox"/> Basketball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Class Sponsor |
| <input type="checkbox"/> Debate | <input type="checkbox"/> Baseball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Clubs: _____ |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Track | <input type="checkbox"/> Soccer | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Other Athletics: | |

MILITARY SERVICE

Dates From:	<input type="text"/> Month Year	Branch of the Military: _____	Rank: _____
Dates To:	<input type="text"/> Month Year	Before Teaching: <input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK OR VOLUNTEER SERVICE

Briefly describe any work or volunteer service experience which could be of special value to you as a teacher.

PROFESSIONAL RECOGNITION, MEMBERSHIPS AND GROWTH ACTIVITIES

Briefly describe any professional recognition, memberships and growth activities.

In the space below, please include any other pertinent data or information not previously asked for on the application which might assist us in arriving at a more realistic appraisal of your training, experience, and overall competence for the position for which you are applying.

REFERENCES

GIVE COMPLETE INFORMATION

College Credentials

Is your credential file current?

Yes No

Have you requested that it be forwarded to us?

Yes No

College _____

Address _____

City _____ State _____

Zip _____ Phone _____

Professional Reference

This person has known me ___ years.

from _____ to _____

State Relationship _____

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Professional Reference

This person has known me ___ years.

from _____ to _____

State Relationship _____

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Professional Reference

This person has known me ___ years.

from _____ to _____

State Relationship _____

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Personal Reference

This person has known me ___ years.

from _____ to _____

Her/His Occupation _____

State Relationship _____

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Have you ever had a teaching certificate limited, suspended or revoked? yes no

Have you ever surrendered a teaching certificate, license or permit? yes no

Have you ever been involuntarily terminated from employment of another school district? yes no

If you answered YES to any question, attach explanation to this application. Please include dates, details, nature of the offense, court where the matter was heard, and name of school district involved.

The Northmont City School District is an Equal Opportunity Employer and no person shall be excluded from employment on the basis of protected class status. It is the policy of the Northmont Board of Education that the best qualified applicant shall be selected for each position without regard to age, race, color, creed, religion, national origin, handicap or sex.

PLEASE READ THE FOLLOWING STATEMENT AND SIGN

With the understanding that falsification of any information furnished on this application is grounds for the rejection of this application or dismissal after my employment (if I am hired), I certify that all such information is true and complete to the best of my knowledge, and I hereby authorize agents of the Northmont City Schools and those acting in accordance with their direction to investigate same. I understand that any such investigation may include, but need not be limited to, an inquiry to the Ohio Bureau of Criminal Identification and Investigation and to other law enforcement agencies; I accordingly agree to cooperate promptly and fully during the application process in being fingerprinted and otherwise in completing and signing all forms required for any such inquiry, and I acknowledge that my failure to cooperate shall cause the rejection of my application. Further, I hereby give my permission to the Ohio Bureau of Criminal Identification and Investigation and other law enforcement agencies, as well as any and all other persons and entities who might have knowledge concerning information that I have provided on this form, to disclose to agents of the Northmont City Schools and those acting in accordance with their direction all pertinent information in their possession (except to the extent that I have expressly stated otherwise on this form), and I release those so requesting, receiving, and providing that information, and their respective agents and principals, from any and all liability in connection therewith to the full extent permitted by law, and I voluntarily authorize Northmont City Schools to contact any references whose names I have submitted. I voluntarily release this school district and any persons providing information from any liability and claims relating to the use of information obtained.

Date: _____

Signature of Applicant: _____

APPLICATION WILL BE KEPT ON FILE FOR ONE YEAR