

DANBURY LOCAL SCHOOL DISTRICT

9451 E. Harbor Road ▪ Marblehead, OH 43440

Tel: 419-798-5185 ▪ Fax: 419-798-2260

www.danburyschools.org

Date Received _____

CERTIFICATED/LICENSED

APPLICATION

It is the policy of this District that no candidate for a position in this District shall be discriminated against on the basis of race, color, religion, sex, military status, national origin, non-disqualifying disability, age, ancestry, or any other protected categories.

Position Interest:

A. Administration Director Principal/Superintendent Supervisor Other

State Area: _____

Specify: _____

B. Instructional Elementary Middle School High School Coordinator Guidance Special

State Area: _____

Specify: _____

PERSONAL INFORMATION

Name: _____ Soc. Sec. No: _____
Last First Middle

Home Telephone: _____ Cell _____ OK To Text? _____

Email Address: _____

Present Address _____ City _____ St _____ Zip _____

Previous Address _____ City _____ St _____ Zip _____

How Long At Present Address _____ How Long At Previous Address _____ Have you applied before? Y N When _____

When will you be available to begin work: _____

CERTIFICATION INFORMATION

1. Are you currently certified/licensed or registered in Ohio for the position applied for? Y N

2. Certification/Licensure Number: _____ Area: _____

3. If you answered no to #1 when will you become certified/licensed or registered? _____

4. Do you currently possess certification/licensure in another state? (Give state and subject) _____

5. When does your current certification/licensure expire? _____

6. Have you ever been non-renewed or involved in a termination procedure? Y N If "yes", please explain: _____

Note: The applicant should exercise care in completing this form. Information given herein becomes a legal part of the contract in case of election. Do not omit any item, unless it is stated to be omitted.

LEGAL

All prospective employees will be subject to a BCI/FBI background check at their own expense. Employment shall be temporary pending an acceptable background report.

Appropriate certification/licensure is necessary for employment.

In accordance with Federal law, any person employed by this District must provide evidence that he/she is eligible to work in the United States.

Are you legally eligible for employment in the United States? Y N

Have you ever been bonded? Y N If yes, with what employers? _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? Y N

If yes, describe in full: _____

ACADEMIC AND PROFESSIONAL TRAINING

Attach unofficial copies of transcripts

Colleges, Universities attended (List highest degree first)

College/University	Location	Semester Hours	Degree	Major	Minor

MILITARY EXPERIENCE

Years of Military Service: _____ Dates of Service: From _____ To: _____

Branch of Service _____ Do you have a reserve obligation? Y N

If yes, please explain: _____

EDUCATIONAL EMPLOYMENT

Starting with most recent
(If you have had none, write "No Experience")

School District and Address	Assignment	Date (From/To)	No. Yrs.	Reason for Leaving

NON-EDUCATIONAL EMPLOYMENT

Starting with most recent

Employer	Address	Date (From/To)	Job Title	Reason for Leaving

PERSONAL DATA

Have you ever been denied a certificate or license? **Y N** If yes, please explain on a separate piece of paper.

Are you currently under contract? **Y N** If yes, with whom? _____

Have you ever been issued continuing contract status as a teacher? **Y N** (District: _____ Year: _____)

What is your present salary? _____ Expected salary? _____

Activities which you are able to coach/direct and indicate number of years paid experience in each: _____

Add any information or facts that will supplement your qualifications: _____

REFERENCES

Please list the names and addresses of three persons, not related, who can speak of your professional competency and character.

Do we have permission to contact these persons at this time? Y N

Name	Address	Telephone	Type of Acquaintance
1.			
2.			
3.			

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those which may disclose your race, color, religion, or national origin)

SIGNATURE

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of facts on this application may result in dismissal.

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.

Date

Signature

FOR OFFICE USE

Application Received: _____

Credentials Requested: _____

References Requested: _____

Credential Received: _____

References Received: _____

Transcript(s) Received: _____

Date of Interview: _____

By Whom: _____

Letter of Intent Sent: _____

Employed by Board: _____

Position: _____

Salary: _____

Authorized Experience: _____