

OTTAWA-GLANDORF SCHOOLS

TEACHER /ADMINISTRATOR APPLICATION

Please submit to: Ottawa-Glandorf Schools
Personnel Office
360 N. Locust Street
Ottawa, OH 45875

An Equal Opportunity Employer

Personal Data

Date _____

Name _____
Last First Middle or Maiden Name

Address _____
Street City and State Zip Code

Home Phone () _____ Business Phone () _____

Social Security Number _____ Position Applying For _____

Are you a citizen of the United States? Yes _____ No _____

College Education

Name of Institution and Location _____

Degree Earned and Date _____

Major/Minor _____

Name of Institution and Location _____

Degree Earned and Date _____

Major/Minor _____

Name of Institution and Location _____

Degree Earned and Date _____

Major/Minor _____

Name of Institution and Location _____

Degree Earned and Date _____

Major/Minor _____

Certification

Certificate/License Type and Subjects/Grades _____

Certificate/License Number _____

Date Issued _____ Date of Expiration _____

If certificate is pending, please indicate the expected date of issuance. _____

Please list most recent employers.

Experience

Name of School and Location _____

Number of Years and Dates _____

Subject/Grade Levels Taught _____

Principal/Supervisor Name and Phone Number _____

Name of School and Location _____

Number of Years and Dates _____

Subject/Grade Levels Taught _____

Principal/Supervisor Name and Phone Number _____

Name of School and Location _____

Number of Years and Dates _____

Subject/Grade Levels Taught _____

Principal/Supervisor Name and Phone Number _____

Name of School and Location _____

Number of Years and Dates _____

Subject/Grade Levels Taught _____

Principal/Supervisor Name and Phone Number _____

Name of School and Location _____

Number of Years and Dates _____

Subject/Grade Levels Taught _____

Principal/Supervisor Name and Phone Number _____

References

Name and Position _____

Address _____

Phone Number () _____ Number of Years Known _____

Name and Position _____

Address _____

Phone Number () _____ Number of Years Known _____

Name and Position _____

Address _____

Phone Number () _____ Number of Years Known _____

In your own words, briefly tell how you will be able to assist us to continue our growth of academic excellence.

Add here any additional information that you believe will assist in arriving at a true estimate of your qualifications.

List any extra-curricular activities you are interested in supervising/coaching? _____

As an applicant for employment with Ottawa-Glandorf Schools, I understand that Senate Bill 38 requires a criminal record check be conducted prior to employment on all job applicants who are under final consideration who may be responsible for the care, custody, or control of a child. If I am under final consideration for employment, I hereby grant permission for such a records check by the Bureau of Criminal Identification and Investigation (BCII) and for the release of any information obtained to the administration and board of education of the prospective employing district.

I also understand that Senate Bill 38 allows that the applicant can be made responsible for the cost of obtaining this record check. Failure to do so may result in the applicant not being considered for employment.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant _____ Date _____