

FREDERICKTOWN LOCAL BOARD OF EDUCATION
117 Columbus Road
Fredericktown, Ohio 43019



**PROFESSIONAL EMPLOYMENT
 APPLICATION**

DATE ____/____/____

Return Application and
 Requested Information to:

Fredericktown Local Schools
117 Columbus Road
Fredericktown, Ohio 43019
Attention: Superintendent

Name _____

First

Middle

Last

Address _____

Home phone (____) _____ Cell no. (____) _____

E-mail address _____

POSITION PREFERENCE	For which position are you seeking employment?			
	TEACHING K-3 4-9 7-12	PUPIL SERVICES Guidance Nurse Psychologist	ADMINISTRATIVE Central Office Senior High Intermediate/Middle Elementary	
CERTIFICATION	CERTIFICATE/LICENSE	TYPE	NUMBER	EXPIRATION DATE
<p><i>NOTE: This application will be destroyed and/or close-filed and void after April 15th of the year following its submission to the Fredericktown Local Schools.</i></p>				

PLEASE TYPE OR PRINT IN INK LEGIBLY

TEACHING AND/OR ADMINISTRATIVE EXPERIENCE

(List in order with most recent positions first.)

EXPERIENCE

Institution	Position	From Mo./Yr.	To Mo./Yr.	Number Yrs. Service	Contact Person

Additional pages may be added if necessary

Total Years Experience _____

REFERENCES

List names of 3 persons who are not related to you who can provide a character reference for you.

<u>Name</u>	<u>Address</u>	<u>Position/Title</u>	<u>Phone No.</u>

EDUCATION

EDUCATION

Name and Address of Institution	Course or Major	Dates of Attendance		Degree & Year
		From Mo./Yr.	To Mo./Yr.	
High School				
College/ University				
Graduate School				

Total Semester Hours Credit:
ATTACH ALL TRANSCRIPTS

Convert quarter hours to semester hours by multiplying total **quarter** hours by 2/3.

PLEASE TYPE OR PRINT IN INK LEGIBLY

PERSONNEL INFORMATION

When will you be available for employment?

List any extracurricular activities with which you are willing to assist.

Have you ever been dismissed or asked to resign from any teaching or other education position? Yes No

If yes, explain: _____

Reason for leaving last position or wanting to leave present position: _____

Are you under contract for next year? _____ Limited? _____ Continuing? _____

Have you ever been given a continuing contract? _____ Where? _____ Date Tenured: _____

Are you on a Reduction in Force and subject to recall? Yes No Date(s): ____/____/____

Have you ever been employed here before? Yes No Date(s): ____/____/____

Number of months of military experience _____

STATEMENT

APPLICANT'S STATEMENT

I certify that information provided in this employment application is true, correct, and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Fredericktown Board of Education.

SIGNATURE

AN APPLICATION WITHOUT THIS SIGNED AUTHORIZATION IS INCOMPLETE, AND THE APPLICANT WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Signature of Applicant _____
Date

Applicants are considered for all positions without regard to race, color, sex, national origin, sex, marital or veteran status, or the presence of a non job-related medical condition or handicap.