



**MONROEVILLE LOCAL SCHOOLS
101 WEST STREET
MONROEVILLE, OHIO 44847
(419) 465-2610**

"Home of the Eagles"

APPLICATION FOR EMPLOYMENT

*GOOD SCHOOLS MAKE BETTER COMMUNITIES
EQUAL OPPORTUNITY EMPLOYER*

NAME _____
(Last Name) (First Name) (Middle)

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

NAME(S) _____

PRESENT ADDRESS _____
(Street) (City/State) (Zip)

PERMANENT/ OTHER ADDRESS _____
(Street) (City/State) (Zip)

TELEPHONE NO. (_____) _____ (_____) _____ (_____) _____
Present Cellular/Other Work

EMAIL ADDRESS _____ Home _____ Work

Any person knowingly making a false statement on the application is guilty of falsification, which is a first-degree misdemeanor.

My signature below authorizes representatives of the Board of Education of the Monroeville Local School District to conduct a background investigation and authorizes release of information in connection with my application for employment, information sought may include such information as criminal convictions or results of civil litigation, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my rights of access to any such information, and without limitation hereby release the Board of Education of the Monroeville Local School District and the reference source from any liability in connection with its release or use.

I certify that I have made true, correct, and complete answers and statements on this application knowing and intending that they be relied upon in considering my application for employment, I understand that any omission or false statement made by me on this application, or any supplement to it, will be sufficient grounds for failure to employ me or for my discharge, if employed.

Date Signature

Postion(s) applied for:

- | | | | | |
|---|---|--|---|--------------------------------|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Early Childhood (PK-3) | <input type="checkbox"/> Middle Grades (4-9) | <input type="checkbox"/> High School (7-12) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Administrator/Supervisor | <input type="checkbox"/> Custodial | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Bus Driver | |
| <input type="checkbox"/> Educational Aide | <input type="checkbox"/> Secretary | <input type="checkbox"/> Paraprofessional | <input type="checkbox"/> Other | _____ |

Availiability:

- Full-time Part time Substitute

EDUCATIONAL BACKGROUND: Transcripts of all completed college/university coursework should accompany this application. An official transcript will be required upon employment.

Level of Education	School/College/University	City/State	Dates Attended From To	Degree Received
High School				
College/University				
Major Area (Undergraduate)	Minor Area (Undergraduate)	Major Area (Graduate)	Minor Area (Graduate)	

TEACHING EXPERIENCE: (Place student teaching on first two lines.) Use additional sheet if needed.

School & System	Address – Street, City, State, Zip	Grades & Subject(s)	From Mo/Yr	To Mo/Yr

WORK EXPERIENCE: (Other than teaching)

Employer	Address – City, State, Zip	Position	From Mo/Yr	To Mo/Yr

MILITARY SERVICE:

Have you served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Branch of Service_____	Active Service Dates_____
Honorable Discharged <input type="checkbox"/> Yes <input type="checkbox"/> No	Rank at Discharge_____
Significant duties/honors_____	

CERTIFICATION: Enclose a copy of all valid OHIO CERTIFICATES/LICENSES or other certificates you hold.

Type of Ohio Teaching Certificate/License	Date Issued	Date of Expiration	Certificate/License Number	Subjects/Grades Appearing On Certificate/License
<i>List any out-of-state certificates</i>				

Have you passed all required professional exams (e.g. Praxis) to qualify for your teaching license/certification?
 Yes No If no, please explain:

GENERAL INFORMATION

If employed presently, why do you wish to leave?			
If hired, on what date would you be available to start work?			
Ohio Resident? If yes, how long?		YES	NO
Are you currently under contract: If yes, where?		YES	NO
If not under contract now, have you ever held a continuing contract in Ohio? If yes, cite school district(s) and date(s)		YES	NO
Have you ever been refused tenure or a continuing contract? If yes, please attach an explanatory statement.		YES	NO
Have you ever had, or currently have, a license or certificate under review by ODE? If yes, please attach an explanatory statement.		YES	NO
Have you ever had a license or certificate revoked or suspended? If yes, please attach an explanatory statement.		YES	NO
Have you ever been discharged or requested to resign from a position? If yes, Please attach an explanatory statement.		YES	NO
Have you previously applied with Monroeville Local School District, or have you ever been employed by Monroeville Local School District?		YES	NO
Are you a United States citizen?		YES	NO
Have you ever been convicted of a felony? If yes, please attach an explanatory statement.		YES	NO
Do you have criminal charges or proceedings pending against you? If yes, please attach an explanatory statement.		YES	NO

REFERENCES:

List the names and addresses of three persons not related to you who can speak with knowledge of your personal and professional qualifications for the assignment which you seek. Teaching applicant with work experience must provide recommendations from principals and/or superintendents from all contracted education work experiences within the past three year. If experience was not within the past three years, provide references from the last contracted experience. Beginning teachers must include references from their student teaching supervisor(s) and cooperating teachers(s).

Name of Reference	Position	Complete Address	Phone

SCHOOL ACTIVITY INFORMATION:

Please put an "X" by any activities you are qualified to coach or direct. Use an "XX" to show actual coaching or directing experience. Provide additional information if you desire.

- | | | | |
|---------------------|----------------------|-------------------|---------------|
| ___ Baseball | ___ Basketball | ___ Cross County | ___ Football |
| ___ Softball | ___ Track | ___ Volleyball | ___ Wrestling |
| ___ Cheerleading | ___ Drama | ___ Marching Band | ___ Dance |
| ___ Student Council | ___ Newspaper | ___ Class Officer | ___ Yearbook |
| ___ Key Club | ___ Power of the Pen | ___ Other | _____ |

In your own handwriting, provide any additional information that will afford a better understanding of your qualifications. Please include your goals, objectives, philosophy, and/or other background factors of special interest. You may attach additional sheets if necessary.

The Monroeville Local School District does not discriminate on the basis of gender, religion, race, color, ethnicity, age, sexual orientation, or/or disability and/or any other characteristic in its educational programs or employment. No person shall be denied employment solely because of any impairment, which is unrelated to the ability to engage in activities involved in the position or program for which application has been made.

GOOD SCHOOLS MAKE BETTER COMMUNITIES
EQUAL OPPORTUNITY EMPLOYER