

**East Holmes Local Schools  
TEACHER APPLICATION FORM**

6108 County Road 77  
Millersburg, Ohio 44654  
PHONE: (330) 893-2610

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip Code)

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Position for which you are applying** \_\_\_\_\_

Present Position \_\_\_\_\_  
(Title) (Employer)

Current Salary \_\_\_\_\_ Salary Expectations \_\_\_\_\_

Do we have permission to contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Ask at Interview

Are you presently under contract to another district? \_\_\_ Yes \_\_\_ No  
If yes, when does the contract expire: \_\_\_\_\_

Have you ever been granted and/or taught under a Continuing contract in Ohio? \_\_\_ Yes \_\_\_ No  
If so, where and when? \_\_\_\_\_

Do you currently hold a valid Ohio License/Certificate? \_\_\_ Yes \_\_\_ No Certificate/License # \_\_\_\_\_

Certification \_\_\_\_\_  
(Type) (Subjects listed on teaching certificate) (Expiration date)

Training (institution and degree(s)) \_\_\_\_\_

Date BA/BS Received \_\_\_\_\_ Number of Hours \_\_\_\_\_ Sem./Qtr. (circle) GPA: Major \_\_\_\_\_ Overall \_\_\_\_\_  
Date MA Received \_\_\_\_\_ Number of Hours \_\_\_\_\_ Sem./Qtr. (circle) GPA: Major \_\_\_\_\_ Overall \_\_\_\_\_

**\*\*Please forward an official copy of your college/university transcripts as soon as possible.**

List teaching experience below in order of completion (excluding student teaching):

<u>School Year</u>	<u>Grade Level and/or Subject</u>	<u>School System</u>	<u>Address</u>

Total Years Teaching Experience \_\_\_\_\_ (full-time equivalent)

Student Teaching \_\_\_\_\_  
(Subject or grade) (School) (School address)

(Principal's name) (Supervising teacher)

Extracurricular interests or other qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:** Give three (3) references, including especially superintendents and principals under who you have taught/served, who have first-hand knowledge of your character, personality, scholarship, and ability.

Name	Address/Phone #	Official Position
1.		
2.		
3.		

Have you ever served in the armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

**All applications for employment are subject to a criminal records check through the Bureau of Criminal Identification and Investigation and Federal Bureau of Investigation pursuant to the authority of Section 3319.32 and Section 109.57, Revised Code. These are obtained at the expense of the applicant.**

Applicants may be disqualified from employment for prior convictions. The following criminal offenses will disqualify an applicant: Aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, failing to provide for functionally impaired person, aggravated menacing, patient abuse or neglect, kidnapping, abduction, child stealing, crim. child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, sexual imposition, importuning, voyeurism, public indecency, felonies sexual penetration, compelling prostitution, promoting prostitution, procuring, prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually oriented material involving a minor, illegal use of a minor in nudity-oriented material/performance, aggravated robbery, robbery, aggravated burglary, burglary, abortion without informed consent, endangering children, domestic violence, carrying concealed weapons, having weapons while under disability, improperly discharging firearm at or into habitation or school, corrupting another with drugs, drug trafficking, adulteration of food, etc.)

**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.**

“I hereby certify that the answers on this application are true and correct to the best of my knowledge and belief and that any deliberate misrepresentation of fact contained herein may be grounds for invalidating contract commitments made to me resulting from this application. I understand that my employment will be subject to the laws of the State of Ohio and to the job descriptions and policies adopted by the Board of Education of the district to which I am applying.”

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

NOTE: Please feel free to attach an additional page as necessary, to elaborate on any of the above questions or other information which will supplement the information presented in this application.

*The East Holmes Local Schools ensures equal opportunity for all personnel regardless of race, color, national origin, citizenship status, religion, sex, economic status, gender identification, sexual orientation, age or disability.*

*\*This application will remain active for 12 months\**