

MARTINS FERRY CITY SCHOOL DISTRICT
5001 AYERS LIMESTONE ROAD, MARTINS FERRY, OHIO 43935

Office of the
Superintendent

APPLICATION FOR EMPLOYMENT

Certificated Positions

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, national origin or citizenship status, creed or ancestry, age, gender, marital status, nondisqualifying disability, height, or other protected categories.

PLEASE PRINT IN INK OR TYPE.

Only completed applications will be processed when vacancies occur.

If you have not been contacted in two years following the date of your application, please contact this office to keep your application active. If you do not contact the central office, your application will become deactivated after twenty-four months.

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

Date _____

NAME _____

ADDRESS _____
Street City, State Zip

HOME TELEPHONE: () BUSINESS PHONE: ()

SOCIAL SECURITY # _____

POSITION DESIRED:

LEVEL:

_____ Full Time

Elementary - Grade _____

_____ Part Time

Secondary - Subject _____

_____ Substitute Teacher

_____ Tutor

Other areas of specialization - or Certification

_____ Teacher

_____ Pupil Personnel

_____ Nurse

Before being employed you will be required to be fingerprinted and a criminal record check, including B.C.I. and F.B.I., performed at the applicant's expense and shall have complied with the tuberculosis examination required by law.

FOR OFFICE USE ONLY

Interview Date _____

Date application received _____

Place of interview _____

Date credentials received _____

Interviewed by _____

Date transcripts received _____

Date of Board action for employment _____

Position _____

First day of service _____

Salary _____

EDUCATION

List in order

Names and address of Institution (High School and College)	Dates		Degree or Diploma	Major	Minor	Sem. Hours Earned	Date Graduated
	From	To					
H.S.							
Total Sem. Hrs.							

Are you presently employed in the profession? ----- Yes _____ No _____

What is your present salary? ----- \$ _____

When would you be available to work here? _____

Have you ever been granted and/or taught under a continuing contract in the State of Ohio ----- Yes _____ No _____

If so, where and when? _____

Have you ever been discharged or requested to resign from a teaching position?----- Yes _____ No _____

If so, please explain: _____

Have you ever been convicted of a crime (felony)? ----- Yes _____ No _____

If so, please explain: _____

Credentials have been sent from: _____

PROFESSIONAL EMPLOYMENT HISTORY

List most recent first

Name of School-Location	Dates		Assignment	Number of Years	Size of Unit	Months of Service
	From	To				
Total Yrs of Experience					Total Months	

MILITARY EXPERIENCE

Have you served in the Armed Forces? _____ Dates from _____ to _____

Branch _____

Rank when separated _____ Total Years _____ months _____

CERTIFICATION

Name of Ohio Teaching Certificates You Hold	Date Issued	Date of Expiration	Certificate Number	Subjects or Grades Appearing on Certificates

ADULT LEADERSHIP AND PARTICIPATION

Curriculum, Textbook, In-Service and Similar Committees:

Professional Organizations and Conferences:

Community Organization:

Academic Honors and Other Distinctions:

OTHER WORK EXPERIENCE

List most recent first

Name and address of employer	Dates		Number of Years	Assignment
	From	To		

Attach in your own writing a brief sketch stating your teaching, coaching, or other educational experiences and interests which would have a bearing upon your qualification for the position which you are seeking.

A personal resume may also be included and/or submitted.

Interview: Before any applicants are appointed, they will be scheduled for an interview which does not in any way assure the applicant of employment. The initiative of scheduling the interview will be taken by the Martins Ferry City Schools.

Please attach a copy of your present Ohio Certification, or a copy of certification from another state, if you have applied for Ohio certification.

PERSONAL REFERENCES

Please list three persons not related to you who can attest to your character, effectiveness and ability as related to the position for which you are applying.

NAME	ADDRESS	TELEPHONE	OCCUPATION

PROFESSIONAL REFERENCES

Please list three people who know you in a professional relationship and are not related to you. (Example: college professor, principals, superintendents, etc.)

NAME	ADDRESS	BUSINESS TELEPHONE	POSITION

I certify that the information given is true and complete to the best of my knowledge. I further authorize the investigation of all statements contained in this application as may be required in arriving at an employment decision. Any falsification of this information shall be sufficient cause for disqualification or discharge. References and information obtained which become part of this application will become the property of the Board of Education and remain confidential from the applicant. I so indicate the above in the affirmative by my signature.

Date Signed

Signature of Applicant

I voluntarily authorize the Martins Ferry City School District to contact any references whose names I have submitted. I voluntarily release this School District and any of the persons providing information from any liability or legal claims relating to the use of information obtained.

Signature

Date

Witness

Date