

Middle/High School Principal:

Mr. Greg Johnson



Elementary Principal:

Mr. Aaron Hollar

Dean of Students:

Mr. Michael Freese

Treasurer:

Mr. Steve Godwin

Superintendent:

Mr. Kraig Hissong

Please Use Typewriter or pen

Date: _____ Social Security Number: _____

Name: _____

Last

First

Middle

Present

Address: _____

Street/Road

Apt. No.

City/State

Zip

Telephone

Position(s) applying for in order or preference:

Check all that apply:

_____ Full Time Teaching Only
_____ Part Time Teaching Only

Elementary:

Certified to teach/Administrator: _____

High School:

Certified to teach/Administrator: _____

School activities or sports you could direct: _____

Check grade and type of Ohio certification(s) you hold or will hold by July 31

_____ 4 year

_____ Supervisor

_____ Educational Specialist

_____ 8 year

_____ High School Principal

_____ Superintendent

_____ Permanent

_____ Elementary Principal

_____ Other

_____ 4 year

_____ Local Superintendent

Are you certified in another state? _____ State: _____

Name of College or University	Academic and/or Teaching Major	Location	Academic and/or Teaching Major	Degree

Teaching/Administrator Experience - List last position first. Please indicate student teaching experience with an asterisk.

Name of School	Location	Position	Dates	Principal, Supervisor, or Chief School Officer

Total Number of Years of Public Service Experience _____ Non-Public _____

Academic and Professional Reference (If experience, include principals or supervisors or superintendents under whom you worked):

Name	Address	Position	Dates

Military Service:

List dates, branch and nature of military service

Total Months _____

NTE Scores _____

College Credentials: Check One

I have enclosed all credentials

I have requested my college to send my credentials

You may request my credentials

I am not registered at my college placement office

