



West Liberty-Salem Local Schools

*Is an educational partnership
dedicated to helping
students reach their full potential.*

(Please Print with a Pen or Type)

DATE: _____

Name:

LAST

FIRST

MIDDLE

Present

Address: _____

STREET/APT NO

CITY/STATE/ZIP CODE

(AREA CODE)TELEPHONE

E-MAIL ADDRESS

Position(s) applying for in order of preference:

Check all that apply:

1. _____

Full Time Teaching Only

2. _____

Part Time Teaching Only

Substitute Teaching Only

PLEASE LIST ACTIVITIES OR SPORTS THAT YOU ARE QUALIFIED TO LEAD:

CERTIFICATION

LIST ALL AREAS IN WHICH YOU HOLD VALID OHIO AND/OR OUT-OF-STATE TEACHING CERTIFICATES (OR WILL HOLD BY JULY 31). APPLICANTS HOLDING A CERTIFICATE FROM ANOTHER STATE MUST OBTAIN AN OHIO CERTIFICATE IN ORDER TO TEACH IN OHIO PUBLIC SCHOOLS.

AREA OF CERTIFICATION	ISSUING STATE	DATE ISSUED	TYPE OF CERTIFICATE

EDUCATION AND BACKGROUND

	SCHOOL OR INSTITUTION AND LOCATION	MAJOR/MINOR	DIPLOMAS OR DEGREES EARNED
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
COLLEGE/UNIVERSITY			
GRADUATE STUDY			
GRADUATE STUDY			

EXPERIENCE

(PRESENT OR MOST RECENT FIRST)

DATES		NAME OF SCHOOL AND SCHOOL ADDRESS	POSITION	NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					

If you have not been previously employed in a teaching position, please complete the following:

STUDENT OR PRACTICE TEACHING

GRADE OR SUBJECT TAUGHT	NAME OF SCHOOL AND SCHOOL ADDRESS	1. COLLEGE SUPERVISOR 2. COOPERATING TEACHER
		1
		2
		1
		2

STUDENT TEACHING REFERENCES:

Please attach photocopies of letters of reference and/or evaluations from college/university student teacher supervisor and cooperating teacher(s).

REFERENCES

References should include superintendents, principals, teachers, or professors who have first-hand knowledge of your professional competence and your personal qualifications. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

NAME	POSITION	ADDRESS	TELEPHONE

(Please check one)

COLLEGE CREDENTIALS:

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

Please answer the following questions:

How do you want your students to view you as a teacher/administrator?

Describe your teaching/administrative style.

What would be most rewarding to you as a teacher/administrator?

Explain why you wish to be employed by West Liberty-Salem Schools?

We appreciate the time and interest you have given in making application to West Liberty-Salem Schools. We hope to reciprocate by giving your application prompt consideration. Upon receipt of your application, it will be processed and placed in our active teacher/administrator file for consideration when openings occur. All applications should be renewed annually. Please contact this office if you wish to reactivate your application.

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 facts contained herein may be grounds for invalidating any contract commitments 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.

_____ Date

_____ Signature

All Champaign County Schools are equal opportunity employers and follow Title IV of the Civil Rights of 1964, and Titles VII & IX of the Educational Amendments, all of which prohibit discrimination in hiring or working conditions on the basis of race, color, national origin or sex.

Interviewed by: _____

Dates Interviewed _____

