



## ADMINISTRATIVE WORK EXPERIENCE

Employed (month/year)	Position Title:	Grades Encompassed:
From:            To:	Employer:	
	Mailing Address:	
Supervisor's Name:		Title:
Telephone: (    )	Reason for leaving:	
Employed (month/year)	Position Title:	Grades Encompassed:
From:            To:	Employer:	
	Mailing Address:	
Supervisor's Name		
Telephone: (    )	Reason for leaving:	
Employed (month/year)	Position Title:	Grades Encompassed:
From:            To:	Employer:	
	Mailing Address:	
Supervisor's Name:		Title:
Telephone: (    )	Reason for leaving:	
Employed (month/year)	Position Title:	Grades Encompassed:
From:            To:	Employer:	
	Mailing Address:	
Supervisor's Name:		Title:
Telephone: (    )	Reason for leaving:	
Employed (month/year)	Position Title:	Grades Encompassed:
From:            To:	Employer:	
	Mailing Address:	
Supervisor's Name:		Title:
Telephone: (    )	Reason for leaving:	
Employed (month/year)	Position Title:	Grades Encompassed:
From:            To:	Employer:	
	Mailing Address:	
Supervisor's Name:		Title:
Telephone: (    )	Reason for leaving:	
Employed (month/year)	Position Title:	Grades Encompassed:
From:            To:	Employer:	
	Mailing Address:	
Supervisor's Name:		Title:
Telephone: (    )	Reason for leaving:	

## TEACHING WORK EXPERIENCE

School Year in which service was rendered: July 1, _____ to June 30, _____	School Name
	Mailing Address
Grades taught/Position Held:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute
Principal/Supervisor's Name:	Title:
Telephone: ( )	Length of school term (days):
	Actual days served:

  

School Year in which service was rendered: July 1, _____ to June 30, _____	School Name
	Mailing Address
Grades taught/Position Held:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute
Principal/Supervisor's Name:	Title:
Telephone: ( )	Length of school term (days):
	Actual days served:

  

School Year in which service was rendered: July 1, _____ to June 30, _____	School Name
	Mailing Address
Grades taught/Position Held:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute
Principal/Supervisor's Name:	Title:
Telephone: ( )	Length of school term (days):
	Actual days served:

## OTHER RELATED WORK EXPERIENCE

This section is optional; complete, in chronological order, if you believe your non-administrative/non-teaching experiences enhance your ability as an administrator.

Employed (month/year)	Position title/type of work:
From: _____ To: _____	Employer: _____
Last Salary: _____	Mailing Address: _____
Supervisor's Name:	Title:
Telephone: ( )	Reason for leaving: _____

## REFERENCES

List three professional references, other than relatives, who have direct knowledge of your character, work experience, and abilities. At least one should be a previous supervisor.

Name/Title	Mailing Address	Telephone

## CERTIFICATIONS/LICENSURE

Type of Certificate/License	State	Expiration Date	
			If you do not hold an Ohio administrative certificate/license, please contact:  <b>Office of Educator Licensure</b> Ohio Department of Education 25 South Front Street Mail Stop 105 Columbus, Ohio 43215-4183 (614) 466-3593 1(877) 644-6338 (toll free)
If you do not hold an Ohio administrative certificate, have you earned 6 semester hours within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you applied for your teaching certificate/license with the state of Ohio? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Indicate your training, background, and experience relative to working with students with disabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A "yes" response to any of the following 4 questions is not an automatic bar to employment. The LPEVSD will consider the circumstances, including the recency and nature of events, which led to the actions described below, and the type of position for which you are applying. If you answer "yes" to any of the 4 questions below, please explain in detail, including the date, location, nature of the offense/ circumstances, and final disposition of the matter. Your written explanation will assist the LPEVSD in determining your eligibility for employment. Should the district employ you, any new criminal charges must be reported immediately to the Superintendent's Office. \*You are not required to disclose a prior conviction, which was set aside and for which you have officially been discharged under the terms of a suspended imposition of sentence (SIS). It is your responsibility to determine whether a conviction has been discharged and thus not subject to disclosure.

1. Have you been convicted of a misdemeanor within the last 5 years?\*  Yes  No
2. Have you ever been convicted of a felony?\*  Yes  No
3. Have you ever been denied a teaching or administrative certificate, or had such a certificate revoked or suspended?  Yes  No
4. Have you ever been involuntarily released or asked to resign from any position?  Yes  No

### **CERTIFICATE OF APPLICANT**

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and belief, and I have not knowingly withheld any fact or circumstance. I understand any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application or my removal from employment. I authorize the LPEVSD to make an inquiry as to my character, general reputation, personal characteristics, previous employers, education background, current and previous residence locations for the past 5 years, military service, and conviction records. I authorize the LPEVSD to release a copy of my application, and I authorize any former or current employer, person, firm, corporation, school, college, or governmental agency to give the LPEVSD pertinent information they may have regarding me. This authorization shall remain in effect during the course of my employment with the LPEVSD for the purpose of verifying any information contained in my employment application. In consideration of the LPEVSD review of this application, I release the LPEVSD and all providers of information from any liability as a result of furnishing, receiving, and relying on this information. I understand employment with the LPEVSD requires the approval of the superintendent, and that employment offers are made only by the superintendent and must be ratified by the School Board.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant