

"AN EQUAL OPPORTUNITY EMPLOYER"

# Claymont City Schools

## CERTIFIED EMPLOYMENT APPLICATION



**Return to:**  
Superintendent  
Claymont City Schools  
201 N. Third Street  
Dennison, OH 44621  
Phone: 740-922-5478  
Fax: 740-922-7325

FULL TIME

SUBSTITUTE

Applicant's Name

Date

Address

Phone

### POSITION APPLYING FOR

TEACHER

GRADE

SUBJECT AREA

Elementary

Jr. High

High School

Special Educ.

ADMINISTRATOR

Elementary

Middle School

High School

## PERSONAL DATA

Social Security Number

Military Service  Yes  No Total Number of Years Service

## CERTIFICATION/LICENSE DATA

Certificate	State	Type	Valid Areas	Expiration Date

Please provide a copy of your certificate/license.

## EDUCATION

SCHOOLS ATTENDED	LOCATION	DATES	MAJOR	MINOR	DEGREE
High School	Name City	Year Graduated <input style="width: 50px;" type="text"/>			
Undergraduate	Name City	<input style="width: 50px;" type="text"/> to <input style="width: 50px;" type="text"/>			
Undergraduate	Name City	<input style="width: 50px;" type="text"/> to <input style="width: 50px;" type="text"/>			
Graduate Study	Name City	<input style="width: 50px;" type="text"/> to <input style="width: 50px;" type="text"/>			
Graduate Study	Name City	<input style="width: 50px;" type="text"/> to <input style="width: 50px;" type="text"/>			

Total Accumulated Semester Hours of Credit

<b>TEACHING / WORK EXPERIENCE</b>
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List teaching and other work experience: (list most recent experience first)

FROM: MO. YR.	TO: MO. YR.	NO. YEARS/MO.	TITLE OF POSITION	FINAL SALARY
NAME OF EMPLOYER			DUTIES	
ADDRESS		PHONE#		
NAME OF SUPERVISOR			REASON FOR LEAVING	

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NAME OF EMPLOYER			DUTIES	
ADDRESS		PHONE#		
NAME OF SUPERVISOR			REASON FOR LEAVING	

1. Total teaching experience in school years  (A school year is defined as a period of not less than 120 school days in the same school year.)
2. Have you ever held a continuing contract (tenure) in Ohio? Yes  No   
 If yes, name of school district?
3. Are you presently under contract to a school district for next year? Yes  No   
 If yes, name of school district?

List any extra curricular activity or club you would be willing to advise or coach?

**REFERENCES**

List at least three professional references.  
 Others may be character references. **(DO NOT include relatives.)**

Name	Address	Phone Number	# of Years Known

**APPLICANT'S STATEMENT**

I hereby affirm that the information on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment activities. I agree to cooperate in such investigation, and release from all liability or responsibility all persons, school districts and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event I am hired.

I understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by the law.

Applicant's Signature  Date