

"AN EQUAL OPPORTUNITY EMPLOYER"



# Claymont City Schools

Ph: 740-922-5478 \* Fax: 740-922-7325

## CERTIFIED EMPLOYMENT APPLICATION

**Return to:**  
Superintendent  
Claymont City Schools  
201 N. Third Street  
Dennison, OH 44621  
Email: brentsch@claymontschools.org

RC 3319.393 "Any person who knowingly makes a false statement is guilty of falsification under section 2921.13 of the revised code, which is a misdemeanor of the first degree."

FULL TIME: \_\_\_\_\_  
SUBSTITUTE: \_\_\_\_\_

Date: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

POSITION APPLYING FOR		
TEACHER	GRADE LEVEL	SUBJECT AREA
Elementary	_____	_____
Jr. High	_____	_____
High School	_____	_____
Special Education	_____	_____
ADMINISTRATOR		
Elementary	Middle School	High School
_____	_____	_____
_____	_____	Other _____

### PERSONAL DATA

### CERTIFICATION/LICENSE

Date of Birth: \_\_\_\_\_  
Military Service: YES \_\_\_ NO \_\_\_ No. of Yrs: \_\_\_\_\_

Certificate: \_\_\_\_\_  
State: \_\_\_\_\_  
Type: \_\_\_\_\_  
Valid Areas: \_\_\_\_\_  
Expires: \_\_\_\_\_

**Please provide a copy of your certification/licenses**

### EDUCATION

High School	Name _____ City _____ State _____	Year Graduated _____
Undergraduate	Name _____ City _____ State _____	Attended _____ thru _____ Degree _____
Undergraduate	Name _____ City _____ State _____	Attended _____ thru _____ Degree _____
Graduate Study	Name _____ City _____ State _____	Attended _____ thru _____ Degree _____
Graduate Study	Name _____ City _____ State _____	Attended _____ thru _____ Degree _____
Graduate Study	Name _____ City _____ State _____	Attended _____ thru _____ Degree _____

Total Accumulated Semester Hours of Credit