



BLANCHESTER LOCAL SCHOOLS

957 Cherry Street

Blanchester, Ohio 45107

An Equal Opportunity Employer

For employment opportunities, please check:

www.blanschools.org

TEACHER APPLICATION FOR EMPLOYMENT **Date:** _____

PERSONAL INFORMATION

First Name	Middle Name	Last Name	Telephone Number
Present Address: Street, City, State, Zip Code			Cell Number
Temporary Address: (if applicable) Street, City, State, Zip Code			Telephone Number (if applicable)
E-mail Address:			

****Please Note:** If you are currently receiving Disability Retirement Benefits through STRS you may be jeopardizing your benefits by submitting your application for employment.

Position applying for: Elementary _____ Middle School _____ High School _____ Other _____
(Grades PK-4) (Grades 5-8) (Grades 9-12)

CERTIFICATION / LICENSURE INFORMATION:

Certified/Licensed Subject Areas:

Please include a copy of the certificate(s)/license(s) with this application.

STATE OF ISSUANCE _____ **EXPIRATION DATE** _____

EXTRACURRICULAR ACTIVITIES / SPECIAL TALENTS

List any activities that you are able and willing to direct or coach:

EDUCATION

NAME AND ADDRESS OF SCHOOL List High School and College(s)/University(s)	MAJOR	Diploma or Degree	Year of Graduation	DATES OF ATTENDANCE From - To	NUMBER OF SEMESTER HOURS
1					
2					
3					

Total Semester Hours of Education Credit _____

Please list appropriate activities you participated in during school or college:

Please list the professional organizations to which you currently belong:

TEACHING EXPERIENCE

Name of School or Institution and Address	Administrator or Supervisor	Grades or Subjects Taught or Position Held	DATES From -To	Number of Years	Position/ Salary	Reason for Leaving
1						
2						
3						
4						

MILITARY EXPERIENCE

Number of Months

WORK EXPERIENCE (Non-Teaching)

Position

Number of Months

ADDITIONAL INFORMATION:

REFERENCES – Please give three references, including superintendents and principals under whom you have worked, who have first-hand knowledge of your character, personality, scholarship, and teaching ability. If you are a beginning teacher, please include college professors familiar with your work. If you have a set of credentials on file at the Teacher’s Placement Office or a college/university, please indicate so:

REFERENCES

Name	Address	Phone	Official Position
1.			
2.			
3.			

Number of days of accumulated sick leave, if any: _____

Present Salary: \$ _____ Minimum salary per year you would accept: \$ _____

Public schools are prohibited from employing: (1) any individuals who have been previously convicted of or pleaded guilty to any of the offenses listed in O.R.C. § 3319.39; (2) any individuals in a teaching position who have previously been convicted of or pleaded guilty to any of the offenses listed in O.R.C. § 3319.39 and O.R.C. § 3319.31; and (3) any individuals in a pupil transportation position who have previously been convicted of or pleaded guilty to any of the offenses listed in O.R.C. § 3319.39 and O.A.C. § 3301-83-23.

Due to the length of time required for completion of the records check, it may occasionally be necessary to employ a person prior to the Board of Education’s receipt of the results of the criminal records investigation. In these cases, the Board of Education shall rely on the applicant information provided in the employment application. However, by signing this document I specifically agree that if I am employed by the Board of Education prior to its receipt of a response from B.C.I./F.B.I. my employment shall be contingent upon subsequent receipt, by the Board of Education, of a report from B.C.I./F.B.I. In the event I have been employed prior to the Board of Education having received a report from B.C.I./F.B.I., and a subsequent report from B.C.I./F.B.I. is received which is not consistent with any of the offenses listed in O.R.C. § 3319.39 and O.A.C. § 3301-83-23, I specifically agree that the action of the Board of Education employing me shall be void without any further action by either party, and that my employment will terminate immediately without the necessity of proceedings to formally terminate my contract of employment.

Date: _____

Signature: _____

The information provided on this application is accurate. I understand that falsification of any information requested may result in my immediate termination.

Date: _____

Signature: _____

****A personal resume may be attached to this application form with any other information you feel may further your application. Your application will remain active one year from receipt.**