

RICHMOND HEIGHTS LOCAL SCHOOL DISTRICT

**CERTIFIED PERSONNEL
APPLICATION**

EQUAL OPPORTUNITY EMPLOYER

447 Richmond Road
Richmond Heights, Ohio 44143
(216) 692-0086

Date: _____ Social Security No. _____

Last Name: _____ First Name: _____ Middle Name: _____

PRESENT ADDRESS: _____ Phone: _____
Number Street ()

City State ZIP

PERMANENT ADDRESS: (if different from above) _____ Phone: _____
Number Street ()

City State ZIP

PERSON TO CONTACT: (if not available at above address) _____ Phone: _____
Name: ()

Number Street

City State ZIP

List any name other than the one above that you have used or by which you have been known:
Last: _____ First: _____ Middle: _____

POSITION(S) APPLYING FOR:

TIME	POSITION	GRADE LEVEL
<input type="checkbox"/> Full Time	<input type="checkbox"/> Regular Teaching	<input type="checkbox"/> Kindergarten
<input type="checkbox"/> Part Time	<input type="checkbox"/> Reserve Teaching	<input type="checkbox"/> Primary-Grades 1-3
	<input type="checkbox"/> Administrative/Supervisory	<input type="checkbox"/> Intermediate-Grades 4-6
	<input type="checkbox"/> Pupil Personnel Services	<input type="checkbox"/> Junior High-Grades 7-9
	<input type="checkbox"/> Other	<input type="checkbox"/> Senior High Grades 10-12
		<input type="checkbox"/> Special-K-12

CERTIFICATION: List all certificates held

State	Type	Grade	Issue Date	Areas/Subjects Qualified to Teach

When would you be available to begin work? _____

All applicants must possess or be eligible for a valid teacher's certificate issued by the Ohio Department of Education. A personal resume and any additional information may be included with this application.

Date _____ Applicant's Name _____ (Last) _____ (First) _____ (Middle) _____

Elem. _____
H.S. _____
Subj. _____
Sp.Ed. _____
Admin. _____
Other _____

EDUCATIONAL AND PROFESSIONAL TRAINING:

SCHOOL	MAJOR SUBJECTS	MINOR SUBJECTS	NAME AND LOCATION OF SCHOOL	YEARS SPENT	DIPLOMA OR DEGREE REC'D
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					
SPECIAL COURSES					

What is your cumulative grade point average? Undergraduate: _____ Graduate: _____

MILITARY SERVICE:

Branch of Service: _____ Highest Rank: _____ Number of Months: _____
 From: (M/Y) _____ To: (M/Y) _____ Type of Discharge: _____

STUDENT TEACHING EXPERIENCE:

Name and Location of School: _____
 From: (M/Y) _____ To: (M/Y) _____
 Grade or Subject: _____ Building Principal: _____
 Supervising Teacher: _____

TEACHING EXPERIENCE: List below the places where you have done full-time teaching:

Name of School	Address/ Telephone	Type Experience Grades/Subjects	No. Yrs.	Annual Salary	Immediate Supervisor	Date Began	Date Ended

Experience with children (other than teaching): _____

Work Experience other than teaching:

WHERE	NATURE OF WORK	Date Began	Date Ended

List travel, recreational interests or hobbies which may be pertinent to the job for which you are applying:

REFERENCES

Name references including superintendents and principals under whom you have taught

Name-Position	Address	Phone Number
(1)		
(2)		
(3)		
(4)		

Would you be interested in working as a substitute in our school system? Yes _____ No _____

Have you ever taught under a Continuing Contract in the State of Ohio? Yes _____ No _____
If yes, Where? _____

Have you previously applied or been employed in the Cuyahoga County School District? Yes _____ No _____
If yes, When? _____

Have you ever held a contract of employment as a teacher which has not been renewed? Yes _____ No _____
If yes, specify school district and year of contract involved: _____

EXTRA CURRICULAR ACTIVITIES:

Check any of the following activities which you are willing and able to direct, coach, supervise or sponsor:

- | | | |
|-------------------------------------------|-------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Debate | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Drama | <input type="checkbox"/> National Honor Society | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Orchestra | <input type="checkbox"/> Flagbearer | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Band | <input type="checkbox"/> Football | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Chorus | <input type="checkbox"/> Basketball | <input type="checkbox"/> Intramurals |
| <input type="checkbox"/> Class Advisor | <input type="checkbox"/> Softball | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Yearbook | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> School Newspaper | <input type="checkbox"/> Track | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Student Council | <input type="checkbox"/> Tennis | |

List any experience you have had which will help you successfully direct, coach or supervise an extracurricular activity: _____

Approximate number of days of accumulated sick leave: _____

Number of days absent last year: _____ Previous year: _____

Condition of health for past two years: _____

Any physical or mental disorders? Vision: _____ Hearing: _____ Other _____

Of what educational organizations are you a member? _____

Each entry-year person will be assigned a mentor for a period of one school year. Will you accept the Administration's assignment of a mentor (who may or may not be a classroom teacher)?

Yes _____ No _____

STATEMENT

In the space below (in your own handwriting) make a statement concerning your attitude toward the teaching profession, your personal interests, plans and ambitions.

Have you ever been convicted of or pleaded guilty to any felony, any violation of R.C. 2907.04 or 2907.06, or division (A) or (C) of R.C. 2907.07, any offense or violence, theft offense (as defined in R.C. 2913.01), drug abuse offense (as defined in R.C. 2925.01) which is not a minor misdemeanor, or any misdemeanor sex offenses? Yes ____ No ____

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any falsification of this record will be sufficient cause for disqualification and, if employed, discharge. Furthermore, it is understood that this application becomes the property of the Board of Education, which reserves the right to accept or reject it. I authorize the verification of all references and information contained in this application and regard this information as confidential, not to be revealed to me.

Signature of Applicant

Date

Date Interviewed: _____ Interviewer: _____