

**LICENSED EMPLOYEE APPLICATION
WAYNESFIELD-GOSHEN LOCAL SCHOOLS**

Application Date: _____

Received in Office: _____

Position Applying For: _____

NAME: _____

S.S. Number: _____

Street Address: _____

Home Phone Number: (____) _____

City/State/Zip: _____

Work Phone Number: (____) _____

Email Address: _____

Cell Phone Number: (____) _____

Permanent Address (if different): _____

Certification/Licensure: (Enclose a copy of currently valid certificate(s) or license(s).)

Ohio Certified Teaching/Administration Subject Areas and/or Grades:	Certificate/Lic. Number	Year Issued	Date Expires Mo./Day/Yr.

(Note: Lapsed licensure will be grounds for immediate suspension of contract without pay.)

I am applying for: (check all that apply) Permanent Full-time Position ___ Part-time ___ Substitute Teacher ___

Are you presently under contract? _____ If yes, to whom? _____

Have you ever been employed under a continuing contract in Ohio? _____ If yes, what school granted the continuing contract? _____ (date) _____

Have you ever been dismissed from a teaching position or asked to resign? _____ If yes, explain _____

During the past year, how many days were you absent from work or school due to illness? _____

Professional Preparation: (Name and location)

High School _____ Diploma Year: _____

Bachelors Degree _____ Yr./Major: _____

Masters Degree _____ Yr./Major: _____

Special Training _____ Yr./Degree: _____

Total SEMESTER Hours earned (convert quarter hrs. to semester): _____ Undergraduate _____ Graduate
(Note: 3 quarter hours = 2 semester hours. Copies of all transcripts may be submitted with this application.)

(continued)

Student Teaching Experience: (may be omitted by teachers with experience.)

Name & Location of School: _____

Supervising Teacher: _____ Phone: _____

Grade/Subjects Taught: _____ Mo./Yr. From _____ To _____

Professional Experience: (List chronologically with most recent teaching/school administration experience first. Ohio schools consider 120 or more days experience in the same school year equal to one year.)

School Name & Address:	Grade/Subj./Position	Date (Mo./Yr.)	Total No. Years
		From: _____	_____
		To: _____	
Phone:			

Reason for leaving:

School Name & Address:	Grade/Subj./Position	Date (Mo./Yr.)	Total No. Years
		From: _____	_____
		To: _____	
Phone:			

Reason for leaving:

School Name & Address:	Grade/Subj./Position	Date (Mo./Yr.)	Total No. Years
		From: _____	_____
		To: _____	
Phone:			

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School Name & Address:	Grade/Subj./Position	Date (Mo./Yr.)	Total No. Years
		From: _____	_____
		To: _____	
Phone:			

Reason for leaving:

School Name & Address:	Grade/Subj./Position	Date (Mo./Yr.)	Total No. Years
		From: _____	_____
		To: _____	
Phone:			

Reason for leaving:

Professional References: (List persons who have first-hand knowledge of your professional training, teaching ability/experience, and character. Include any school superintendents, principals, supervisors, administrators, or supervising teachers/professors.)

Name _____	Daytime Phone: _____
School/Business: _____	Position: _____
Street Address: _____	City/State/Zip: _____
Name _____	Daytime Phone: _____
School/Business: _____	Position: _____
Street Address: _____	City/State/Zip: _____
Name _____	Daytime Phone: _____
School/Business: _____	Position: _____
Street Address: _____	City/State/Zip: _____

(continued)

Name _____	Daytime Phone: _____
School/Business: _____	Position: _____
Street Address: _____	City/State/Zip: _____

Do we have permission to contact your references? _____ Yes _____ No

List other names (maiden/divorced) that employers/schools may have listed for you: _____

Extracurricular Assignment Interests – Check any of the following activities for which you are qualified and willing to coach or direct. Use a double check to show actual coaching or directing experience. If applicable, please state if men’s or women’s sport.

_____ Football	_____ Track	_____ Cheerleading	_____ Yearbook
_____ Basketball	_____ Golf	_____ Class Advisor	_____ Volleyball
_____ Cross Country	_____ Academic Team	_____ Student Council	_____ Baseball
_____ Drama/Play	_____ Clubs		

Other sport(s) _____ Other activities _____

Briefly describe any professional recognition, memberships, and growth activities:

Philosophy: In your own handwriting, briefly express your educational philosophy and why you entered the field of education.

Non Teaching Experience: (List chronologically with most recent experience first. Include active military services.)

Employer Name & Address:	Position/Duties Performed:	Employment Dates
		From: _____
		To: _____
Phone:		
Employer Name & Address:	Position/Duties Performed:	Employment Dates
		From: _____
		To: _____
Phone:		
Employer Name & Address:	Position/Duties Performed:	Employment Dates
		From: _____
		To: _____
Phone:		

List experiences outside of the school setting where you have worked with children (e.g., home, community, camp, church, etc.):

Please give any additional information which will assist us in arriving at a realistic appraisal of your qualifications.

In accordance with Ohio law, I understand that I must both provide a set of fingerprints and satisfactorily pass a criminal records check as precondition to employment. If the records check should be unacceptable to the Board of Education, I understand that my employment/application may be terminated without any type of hearing or statement of reasons for such action.

Signature: _____ Date: _____

I hereby certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that any misrepresentation, falsification, or omission will be sufficient cause for denial or discharge of employment.

Signature: _____ Date: _____

A complete application consists of:

1. Signed application form.
2. Copy of current valid Ohio certification.
3. FBI and BCI finger print reports (if within the past 12 months)
4. College transcripts needed before full-time employment

Please return information to:
Waynesfield-Goshen Local Schools
500 N. Westminster St.
Waynesfield, Ohio 45896

NOTE: Applications will be kept on file for two years. Please advise office of change in employment or address.

W-G Schools is an Equal Opportunity Employer and does not discriminate with regard to race, color, religion, national origin, gender, age, military status, ancestry, or handicapped status. Information is solely to determine the applicant's ability to perform job satisfactorily.