

Please Type or Print in Pen
 Mail or deliver application to school



BUCKEYE CAREER CENTER

545 University Drive NE
 New Philadelphia, Ohio 44663

Certificated Employment Application

Date of Application: _____ Position Applying For: _____

1. PERSONAL DATA

NAME Circle Dr./ Ms./Mrs./Mr.		Last	First	Middle/Other		SOC. SEC. # (Optional)
PERMANENT ADDRESS		No. & Street	City	State	Zip Code	County
						TELEPHONE # ()
TEMPORARY ADDRESS		No. & Street	City	State	Zip Code	County
						EMAIL

Are you a citizen of the United States? Yes ___ No ___ If no, are you authorized to work in the U.S.? Yes ___ No ___

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

Do you have a physical condition that might inhibit you from carrying out the duties of the position for which you are applying? Yes ___ No ___

If yes, what accommodations do you feel we could make which would allow you to perform the duties of the position for which you are applying? _____

2. EDUCATIONAL BACKGROUND

High School	City and State	Did You Graduate?		Attended		Degree Received	
		Yes	No			Type	Date
College	City and State	Major:		From	To	Type	Date
		Minor:					
College	City and State	Major:		From	To	Type	Date
		Minor:					
College	City and State	Major:		From	To	Type	Date
		Minor:					
Other	City and State	Major:		From	To	Type	Date
		Minor:					

IT IS THE POLICY OF THE BOARD OF EDUCATION OF BUCKEYE CAREER CENTER THAT EDUCATIONAL ACTIVITIES, EMPLOYMENT, PROGRAMS, AND SERVICES ARE OFFERED WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, DISABILITY, RELIGION, MILITARY OR SOCIO-ECONOMIC STATUS.

3. MILITARY SERVICE RECORD (Must be Active Duty in Armed Forces, Vista, or Peace Corps.)

Branch	From		To		Honorably Discharged? Yes or No? If no, explain: _____
	Mo	Yr	Mo	Yr	

4. STUDENT TEACHING/INTERNSHIP EXPERIENCE

School and District	City and State	Grade(s) or Subject(s)	From	Yr	To	Yr

5. SALARIED TEACHING EXPERIENCE (If less than full time, give particulars. Begin with the most recent experience.)

School District/College	City and State	Grade(s) or Subject(s)	From	Yr	To	Yr
Supervisor:						

6. RELATED WORK EXPERIENCE (List only positions directly related to your career field and/or teaching.)

Employer	City and State	Grade(s) or Subject(s)	From	Yr	To	Yr

7. EXTRACURRICULAR INTERESTS

Every teacher is encouraged to participate in the student activities of the school. What activities or clubs are you interested in sponsoring or assisting?

8. CERTIFICATION AND LICENSED STATUS (Enclose all educational test scores, certificates, and licenses or forward when available.)

Ohio State Teaching License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type of License(s): _____
Out of State Teacher Certificate/ Licenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date: _____
Other Professional License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify State(s): _____
Ohio Adult Teaching Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Identify Type: _____ Exp. Date: _____
			Identify Type: _____ Exp. Date: _____

In order for the Buckeye Career Center to obtain information regarding my competency for the position (s) for which I am applying, I hereby authorize its agents to contact persons named herein as references and other persons who might contribute job-related information to my file. Additionally, I authorize those persons contacted to release the information requested by said agent (s) and waive my right to access those records.

Should you come under final consideration for a position, Ohio Revised Code 3319.39 and Ohio House Bill 79 requires the District to conduct a criminal history record check and requires you to submit a set of electronic fingerprints to both the Bureau of Criminal Identification and Investigation and the Federal Bureau of Investigation. (Applicant is responsible for the cost of all background record checks.)

I hereby affirm that the information supplied herein is complete and accurate. I understand that false statements or information or willful misrepresentation and/or omission of information shall be just cause for rejection of my application or dismissal in the event I am hired.

Signature: _____ Date: _____