

KNOX COUNTY SCHOOLS
"Equal Opportunity Employers"

Check Preference (s)
 Centerburg
 Danville
 East Knox
 Fredericktown

RETURN TO:

Danville Local Schools
PO Box 30
Danville, OH 43014

APPLICATION FOR PROFESSIONAL EMPLOYMENT

Date _____ 20 _____

Name _____
Last First Middle

Present Address _____
Street City, State Zip Phone Number

Home or Permanent Address _____
Street City, State Zip Phone Number

Have you been a resident of the State of Ohio for the past five years? _____ If you have not been a resident for the past five years, what was your previous address?
Street City, State Zip Code

Type of Ohio License (s) in force: Early Education (P-3) Middle Childhood (4-9) High School
 Licensure (2 Year) Licensure (5 Year) Professional (8 year) Permanent

High School or Special Areas
Of Licensure: _____

List subject(s) or grades in order
of preference: _____

Activities you can supervise or direct: _____

Position for which you are applying: _____

Are you currently under contract: YES NO If yes, check type: LIMITED CONTINUING

Are you willing to come for an interview: YES NO When could you begin work? _____

TEACHING AND ADMINISTRATIVE EXPERIENCES: (If you have less than five (5) years of teaching experience, include your student teaching assignment. List in reverse chronological order.)

Dates From - To	District Name and Address	Teaching Assignment	Administrator to Whom You Were Responsible
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Service in Months _____

(over)

EDUCATIONAL PREPARATION (List chronologically beginning with high school)

Name and Address Of Institution	Degree	Major	Minor

Briefly explain why you should be employed by the Knox County Schools (use an additional sheet of paper if needed):

Have you ever had a continuing contract YES _____ NO _____

Have you ever been convicted of a felony? YES _____ NO _____ If yes, explain on a separate sheet of paper.

REFERENCES (at least three (3) persons who are familiar with your professional ability)

Name	Official Position	Complete Address	Telephone

It is understood and agreed that the Knox Educational Service Center may contact former employer(s) for verification of my employment history and I hereby consent to such inquiries.

I understand that if I am employed prior to the District's receipt of the BCII/FBI report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experiences as verified by contracts and former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education's rules and regulations regarding applicant/employee criminal records and disclosure of criminal convictions.

I further understand that falsification of any and all information on this application shall result in my being disqualified from employment or in my employment being terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation or employment shall I fail to fulfill these conditions.

SIGNATURE _____ **DATE** _____

Your application will be kept on file at the Knox Educational Service Center for use by the local districts. Interviews for employment will be arranged by the local school district.