

KNOX COUNTY SCHOOLS
"Equal Opportunity Employers"

RETURN TO:

Danville Local Schools
P.O. Box 30
Danville, OH 43014

APPLICATION FOR PROFESSIONAL EMPLOYMENT

Date _____ 20 _____

Name _____
Last First Middle

Present Address _____
Street City State Zip Phone

Permanent Address _____
Street City State Zip Phone

E-mail Address _____

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

Type of Ohio Certificate(s) in force: ___ Pre-K - 3 ___ 4-5 Endorsement ___ Middle ___ High School
___ Licensure (4 Year) ___ Licensure (5 Year)

High School or Special Areas for which you hold Licensure: _____

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

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

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 Danville Local Schools may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCII) for a background check 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 _____