

JACKSON CITY SCHOOLS  
450 VAUGHN STREET  
JACKSON, OHIO 45640  
PHONE: (740) 286-6442

**APPLICATION FOR EMPLOYMENT**

**CERTIFIED POSITION**

The Jackson City School District is an Equal Opportunity Employer, committed to employing individuals without regard to race, color, age, sex, veteran status, religion, national origin, ancestry or disability.

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Permanent Address \_\_\_\_\_  
street city state zip code

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Temporary Address \_\_\_\_\_  
street city state zip code

Phone \_\_\_\_\_ Until \_\_\_\_\_

Previous 5 Years \_\_\_\_\_  
street city state zip code

\_\_\_\_\_  
street city state zip code

**A. POSITION(S) APPLYING FOR**

If applying for a teaching position, list grade or subject in order of preference.

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Extra-curricular Area(s) of Interest \_\_\_\_\_

Ohio Certificate Number	Expiration Date	Grade, Subject or Area
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In addition to being considered for a full-time teaching position, I would like my name to be considered for the substitute teaching list. Yes \_\_\_\_\_ No \_\_\_\_\_

**B. PROFESSIONAL EXPERIENCE**

Name and address of School System and reason for leaving	Assignment	From Mo/Yr	From Mo/Yr
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Number of work days missed during the last 3 years \_\_\_\_\_

Have you taught under a continuing contract in Ohio? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been eligible for a continuing contract? Explain. \_\_\_\_\_

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Continuing contract was granted by \_\_\_\_\_

Have you previously applied to or been employed by this school district? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give dates \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Person to contact \_\_\_\_\_ Phone No. \_\_\_\_\_

If we may not inquire of your present employer, please explain why: \_\_\_\_\_

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**SUBSTITUTE TEACHING EXPERIENCE**

List school district in which you have had substitute teaching experience.

School District	No. of Days	Year
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Accumulation of 120 days of Ohio substitute teaching experience in one year equates to one year of teaching experience. A statement validating all days of substitute experience will be necessary from each district.

**EXTRA-CURRICULAR EXPERIENCES**

List all experience you have had in coaching or directing an extra-curricular activity.

\*Denotes all head coaching experience.

School	Assignment	From Mo/Yr	To Mo/Yr
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Other work experiences which I believe have been valuable to my career are: \_\_\_\_\_

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C. EDUCATION

High School, College/University  
Attended and location

Major and  
Minor

Diploma  
or Degree

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Military Service: Branch \_\_\_\_\_ Number of Months \_\_\_\_\_

Student Teaching: Subject/Grade \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Location \_\_\_\_\_

D. REFERENCES

Professional

These should be from persons best qualified and willing to give an objective appraisal of your fitness in the position you seek. Please include administrators with whom you have worked or teachers who supervised your student teaching. Please be sure the information you give is correct.

Name	Address	Phone No.	Position
1. _____			
2. _____			
3. _____			

(Please list the name of your college or university of placement service.)

Personal References

Name	Address	Phone No.	Position
1. _____			
2. _____			
3. _____			

E. Are you able to perform the essential functions of the job, with or without reasonable accommodation, for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

F. APPLICANT’S CERTIFICATION AND AGREEMENT

I authorize investigation of all information I have disclosed herein so that you may be provided with relevant information about my background. I understand this investigation may include personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. I release all parties from any liability for any damage that may result from furnishing this information to you. This release extends to all pertinent information, personal or otherwise.

I authorize investigation of my employment history as required by the district as a condition of my being hired, or, if I am hired, as a condition of my continued employment. I release all persons or companies conducting lawful investigation from any liability.

I further agree to take any lawful medical examination required by the district as a condition of my being hired, or, after I might be hired, as a condition of my continued employment. I agree that my refusal to take any such lawful examination may be cause for termination of my employment. I understand that the district will not hire any applicant who tests positive or refuses to consent to the conditional offer of employment drug testing. I further understand that an employee who tests positive or refuses to consent to drug and alcohol testing is subject to discharge.

I release all persons or companies conducting any lawful medical or honesty examination from any liability and authorize release of the examination result to the district.

I understand that substitute employment in no way assures me of future consideration for full-time employment.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I become employed, any false information I may have provided in this application shall be grounds for my dismissal. I also understand that I am required to abide by all rules, policies and regulations of the district. It is understood that this application becomes the property of the Jackson City Board of Education.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

PLEASE BE ADVISED

Interviews: Before any applicants are appointed, they will be scheduled for an interview, participation in which in no way assures the applicant of an appointment. The initiative of scheduling the interview will be taken by the Administrative Staff of the Jackson City School District.

Update: Any applicant not employed for the current school year who wishes consideration for the following school year should contact the office of the Superintendent by March 1<sup>st</sup> in order to reactivate the application.

For Office Use Only:

Interviewed by\_\_\_\_\_

Date of Interview\_\_\_\_\_