



Mary Riepenhoff
Superintendent

APPLICATION OF EMPLOYMENT

RETURN TO

St. Marys City School District
Superintendent Office
101 West South Street
St. Marys, Ohio 45885
(Area 419) 394-4312

FILE	
INDEX	
STATUS	
BY	
REPLY	
AVAILABLE	

Date of Application: _____

Name: _____

Social Security No. _____

PERMANENT ADDRESS

STREET

 CITY STATE ZIP

 AREA HOME PHONE AREA BUS. PHONE

TEMPORARY ADDRESS UNTIL:

STREET

 CITY STATE ZIP

 AREA HOME PHONE AREA BUS. PHONE

TYPE OF EMPLOYMENT DESIRED

Elementary K 1 2 3 4 5 6
 (Circle)

Junior High High School

If qualified in several subject areas, INDICATE PREFERENCES.

Special _____
 (Area)

(1st) _____ (2nd) _____

WERE YOU PREVIOUSLY EMPLOYED BY THIS DISTRICT?

WHEN CAN YOU BEGIN? _____

____ NO ____ YES Dates: From _____ To _____

TEACHING EXPERIENCE: LIST MOST RECENT POSITION FIRST. USE SEPARATE SHEET IF NEEDED. (ENTER STUDENT TEACHING EXPERIENCE IN FIRST SPACE IF YOU HAVE NEVER TAUGHT.) TOTAL YEARS EXPERIENCE _____

Dates from: <table border="1"><tr><td> </td><td> </td></tr><tr><td>Mo.</td><td>Yr.</td></tr></table>			Mo.	Yr.	No. of Months/ Yrs. _____	School Name & Address _____ _____	Phone _____	Duties: subject/grade taught, extracurricular _____ _____
Mo.	Yr.							
to: <table border="1"><tr><td> </td><td> </td></tr><tr><td>Mo.</td><td>Yr.</td></tr></table>			Mo.	Yr.	Yrs. Mos. _____	_____	_____	_____
Mo.	Yr.							

Name of Principal _____	Reason for leaving: _____
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Mo.	Yr.							

Name of Principal _____	Reason for leaving: _____
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NAME
Last
First
M.I.

SPECIAL INFORMATION

CHECK ANY OF THE FOLLOWING ACTIVITIES WHICH YOU ARE QUALIFIED TO COACH OR DIRECT. USE A DOUBLE CHECK TO SHOW ACTUAL COACHING OR DIRECTING EXPERIENCE. GIVE ADDITIONAL INFORMATION IF YOU DESIRE.

- | | | | |
|--|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Athletic Director | <input type="checkbox"/> Soccer | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Marching Band |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Softball | <input type="checkbox"/> Intramurals | <input type="checkbox"/> Orchestra |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Class Sponsor |
| <input type="checkbox"/> Cross-Country | <input type="checkbox"/> Tennis | <input type="checkbox"/> Yearbook | <input type="checkbox"/> Debate |
| <input type="checkbox"/> Football | <input type="checkbox"/> Track | <input type="checkbox"/> Clubs _____ | <input type="checkbox"/> Student Council |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball | <input type="checkbox"/> _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Dramatics | |

BRIEFLY DESCRIBE PROFESSIONAL RECOGNITION, MEMBERSHIPS, AND GROWTH ACTIVITIES.

IN THE SPACE BELOW, PLEASE INCLUDE ANY OTHER PERTINENT DATA OR INFORMATION NOT PREVIOUSLY ASKED FOR ON THE APPLICATION WHICH MIGHT ASSIST US IN ARRIVING AT A MORE REALISTIC APPRAISAL OF YOUR TRAINING, EXPERIENCE, AND OVERALL COMPETENCE FOR THE POSITION FOR WHICH YOU ARE APPLYING.

REFERENCES: LIST FOUR INDIVIDUALS HAVING PERSONAL KNOWLEDGE OF YOUR PROFESSIONAL TRAINING, ABILITY, EXPERIENCE, AND PERSONAL CHARACTER. INCLUDE THE NAME, ADDRESS AND TELEPHONE NUMBER OF YOUR LAST ADMINISTRATOR OR SUPERVISOR.

	Name	Position	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Placement Folder may be secured from: (Name and Address) _____

Current Contract with: _____

(School System)

(Grade or Subject)

This will be authorization to the St. Marys Board of Education to obtain any and all information regarding previous employment from any and all persons, firms or corporations by whom I was previously employed and to obtain information regarding medical treatment and/or the condition of my health.

This will further authorize any hospital, doctor, physician or other treating practitioner and any person, firm or corporation by whom I was previously employed to release any and all information concerning my health and/or previous employment to the St. Marys Board of Education and its representatives.

Also, I swear or affirm the facts set forth above in my application are true and complete. I understand that if employed, false statements on this application shall be considered as sufficient cause for rejection or dismissal.

Applicant Signature: _____ Date: _____

“The St. Marys City School District is an equal opportunity employer and does not discriminate in hiring or employment practices on the basis of race, color, religion, sex, age, national origin, ancestry, or handicapped status. Information requested is used solely to determine the applicant’s ability to meet job criteria and to perform the job satisfactorily.”

ANSWER THE FOLLOWING QUESTIONS IN THIS SPACE PROVIDED

1. Why do you want to be a teacher? _____

2. How do you want your students to view you? _____

3. What do you believe students mean when they say they want a teacher to be fair? _____

Thank you for taking the time to complete this portion of the application. It is great help in getting to know you better as a teacher.

APPLICATIONS WILL BE KEPT ON FILE AND ACTIVE FOR ONE YEAR. PLEASE ADVISE PERSONNEL OFFICE OF CHANGE IN EMPLOYMENT STATUS.