



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.						

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NAME \_\_\_\_\_  
Last \_\_\_\_\_  
First \_\_\_\_\_  
M.I. \_\_\_\_\_

High School \_\_\_\_\_  
(Name) (Location)

Activities: \_\_\_\_\_ Honors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**College**

BEGIN WITH FIRST UNDERGRADUATE ENROLLMENT, PROGRESS TO GRADUATE LEVEL IF APPLICABLE. INCLUDE ALL INSTITUTIONS ATTENDED.

\_\_\_\_\_ Semester Hours BE CONSISTENT THROUGHOUT. USE EITHER SEMESTER HOURS OR QUARTER HOURS.  
\_\_\_\_\_ Quarter Hours CHECK WHICH YOU ARE USING. (3 QUARTER HOURS = 2 SEMESTER HOURS)

COLLEGE OR UNIVERSITY	DATES		MAJOR	MINOR	DEGREE	YEAR
	FROM	TO				

Undergraduate Cumulative Grade Point Average: \_\_\_\_\_ CHECK: This is \_\_\_\_\_ Actual \_\_\_\_\_ Estimated

Total Number of College Credits Earned: \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

Majors: 1. \_\_\_\_\_ Hrs. In: \_\_\_\_\_ Minors: 2. \_\_\_\_\_ Hrs. In: \_\_\_\_\_  
2. \_\_\_\_\_ Hrs. In: \_\_\_\_\_ 2. \_\_\_\_\_ Hrs. In: \_\_\_\_\_

**MILITARY SERVICE**

Branch \_\_\_\_\_ Dates Served From: \_\_\_\_\_ To: \_\_\_\_\_  
Total Number of Months: \_\_\_\_\_

**MY OHIO CERTIFICATE IS: (Please Check)**

\_\_\_\_\_ 4-year Provisional \_\_\_\_\_ 8-year Professional \_\_\_\_\_ Permanent

Year of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type: (Please Check)

\_\_\_\_\_ Kindergarten (Primary) \_\_\_\_\_ Secondary  
\_\_\_\_\_ Kindergarten (Elementary) \_\_\_\_\_ Special  
\_\_\_\_\_ Elementary

If Secondary or Special, list subjects or fields:

**My OHIO LICENSE IS (Please Check)**

\_\_\_\_\_ 2-year Provisional \_\_\_\_\_ 5-year Provisional

Year of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

TYPE (Please Check)

\_\_\_\_\_ Grades PreK-3 \_\_\_\_\_ Multi-age  
\_\_\_\_\_ Grades 4-9 \_\_\_\_\_ Intervention Specialist  
\_\_\_\_\_ Grades 7-12 \_\_\_\_\_ Other

If Multi-age, Intervention or Other, list subjects or areas:

Copies of your OHIO CERTIFICATE or LICENSE and current COLLEGE TRANSCRIPT must accompany your application in order for it to be given consideration. Exceptions will be made for applicants still in school or at the superintendent's discretion.

**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.

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**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.**

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**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.**