**School Counselor/ Licensed Social Worker**

**St. Marys City**

**School District**

**EMPLOYMENT APPLICATION**

*Return completed applications to:*

**jobs@smriders.net**

Phone: 419-394-4312

**This application has fillable fields (the grey text) and must be completed in Microsoft Word.**

**Date of Application**: mm/dd/yyyy **Email Address**: name@domain.com

**Name**: Enter your name as it appears on your Social Security Card

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| **PERMANENT ADDRESS**  House Number and Street Name  City State Zip  Primary Phone Secondary Phone | | **TEMPORARY ADDRESS** until mm/dd/yyyy  House Number and Street Name  City State Zip  Primary Phone Secondary Phone |
| **Type of Employment Desired:**  School Counselor  Licensed Social Worker    Were you previously employed by this district?  Yes  No  If yes, please list the dates employed: From mm/dd/yyyy To mm/dd/yyyy  When can you begin? mm/dd/yyyy | | |
| |  | | --- | | **Current Contract with**: (enter name of current employer) **as** (enter current position) | | | |

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| **Work Experience:** List most recent position first. Use a separate sheet if needed. Enter internship(s) in the first box if no previous work experience as a social worker/ school counselor. **Total years experience in the position you are applying for:** enter total years | | | |
| Dates:  From: **mm/yyyy**    To: **mm/yyyy**    Number of years and months:  **Years and Months** | Employer Contact Information:  Phone: **(###) ###-####**  Employer Name and Address  **Enter School Name and Address** | | Position(s) held:  **Enter information here** |
| Name of Supervisor: **enter Supervisor’s name here** | | Reason for leaving: **enter reason here** | |

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| Dates:  From: **mm/yyyy**    To: **mm/yyyy**    Number of years and months:  **Years and Months** | Employer Contact Information:  Phone: **(###) ###-####**  Employer Name and Address  **Enter School Name and Address** | | Position(s) held:  **Enter information here** |
| Name of Supervisor: **enter Supervisor’s name here** | | Reason for leaving: **enter reason here** | |

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| --- | --- | --- | --- |
| Dates:  From: **mm/yyyy**    To: **mm/yyyy**    Number of years and months:  **Years and Months** | Employer Contact Information:  Phone: **(###) ###-####**  Employer Name and Address  **Enter School Name and Address** | | Position(s) held:  **Enter information here** |
| Name of Supervisor: **enter Supervisor’s name here** | | Reason for leaving: **enter reason here** | |

**High School** High School Name **Location:** City, State

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| **Activities:** | **Honors:** |
| Enter activities here | Enter honors here |

**College Background**

Begin with first undergraduate enrollment, progress to graduate level (if applicable), include all institutions attended.

Be consistent throughout, use either semester hours or quarter hours (3 quarter hours = 2 semester hours)

**Check which you are using:  Semester Hours  Quarter Hours**

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| **College or University** | **Dates**  **From To** | | **Major** | **Minor** | **Degree** | **Year** |
| college name | mm/yyyy | mm/yyyy | major | minor | Choose an item. | year |
| college name | mm/yyyy | mm/yyyy | major | minor | Choose an item. | year |
| college name | mm/yyyy | mm/yyyy | major | minor | Choose an item. | year |
| college name | mm/yyyy | mm/yyyy | major | minor | Choose an item. | year |

Undergraduate Cumulative Grade Point Average: enter GPA (Actual or  Estimated)

Total Number of College Credits Earned: enter total hours Undergraduate: undergrad hours Graduate: graduate hours

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| **College Activities:** | **College Honors:** |
| Enter activities here (include date(s)) | Enter honors here (include date(s)) |

**Ohio Certificate/ Licensure Information:**

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| --- | --- | --- | --- | --- |
| **Ohio Certificate/ License** | **Date issued** | **Expiration date** | **Grade bands**  **(if applicable)** | **Subject Areas** (if applicable) |
| enter type of certificate/ license | mm/yyyy | mm/yyyy | enter grade bands | enter subject areas as listed on your license |
| enter type of certificate/ license | mm/yyyy | mm/yyyy | enter grade bands | enter subject areas as listed on your license |

\*\*\*Copies of your OHIO CERTIFICATE or LICENSE and current COLLEGE TRANSCRIPT(S) 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. Provide additional information if applicable.

Athletic Director  Soccer  Cheerleading  Marching Band

Baseball  Softball  Intramurals  Orchestra

Basketball  Swimming  Newspaper  Class Sponsor

Cross-Country  Tennis  Yearbook  Debate

Football  Track  Student Council

Golf  Volleyball  Other: (list activity/ activities)

Wrestling  Dramatics  Clubs (list name(s) of club(s))

**Additional Information:** Enter any relevant additional information here.

**Briefly describe professional recognition, memberships, and growth activities.**

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| Enter information here |

**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 you are applying for.**

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| Enter information here |

**Please answer the following questions in the space provided.**

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| 1. How have your experiences influenced your decision to be a school counselor/ licensed social worker?   Enter your response here. |
| 1. Describe the role of a school counselor/ licensed social worker in promoting a positive school climate.   Enter your response here. |
| 1. Describe some of the strategies/ resources you would utilize to support students who are experiencing trauma such as incarcerated parents, family changes, or homelessness.   Enter your response here. |

**Please rate yourself on the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Superior** | **Strong** | **Average** | **Below Average** |
| A. Character |  |  |  |  |
| B. Leadership ability |  |  |  |  |
| C. Sense of humor |  |  |  |  |
| D. Ability to identify and implement strategies to support students with challenging behaviors |  |  |  |  |
| E. Ability to work with students who are experiencing a crisis |  |  |  |  |
| F. Knowledge of social emotional and mental health programs |  |  |  |  |
| G. Ability to establish rapport with children |  |  |  |  |
| H. Knowledge of community resources to support students and families |  |  |  |  |
| I. Organizational skills |  |  |  |  |
| J. Ability to work with parents for children’s welfare |  |  |  |  |
| K. Constructive interest in community affairs |  |  |  |  |
| L. Ability to work collaboratively with staff members |  |  |  |  |
| M. General contribution to the mission of the district |  |  |  |  |
| N. Time-management skills |  |  |  |  |
| O. Participation in professional groups |  |  |  |  |
| P. Attitude toward future growth in profession |  |  |  |  |

**References**: List four individuals having personal knowledge of your professional training, ability, experience, and personal character. Include the name, address, and telephone number of a representative from previous boards of education (if applicable).

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| **Name, Position** | **Address** | **Telephone Number** |
| First and Last Name, Position | Enter School/ District Name (if applicable) and Address | (###) ###-#### |
| First and Last Name, Position | Enter School/ District Name (if applicable) and Address | (###) ###-#### |
| First and Last Name, Position | Enter School/ District Name (if applicable) and Address | (###) ###-#### |
| First and Last Name, Position | Enter School/ District Name (if applicable) and Address | (###) ###-#### |

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION**

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.

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’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Applications will be kept on file and active until March 1st of the current school year. Applications received after March 1st will be kept on file until March 1st of the following school year. Please advise the Superintendent’s Office of any change in employment status.\*\*\***

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| The St. Marys City School District is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, sex, disability, military status, ancestry or age in its programs and activities, including employment opportunities. Information requested is used solely to determine the applicant’s ability to meet job criteria and to perform the job satisfactorily. |

**St. Marys City School District**

**Directions for Applicants**

**Application Requirements**

1. Complete the application in full and return it to [jobs@smriders.net](mailto:jobs@smriders.net).
2. Submit transcripts showing all college work. This may be a student/unofficial copy. An official transcript will be necessary when hired.
3. Submit copies of all Ohio certificates/licenses you hold. Do not send originals.
4. Submit copies of current BCI and FBI background checks.