**Teacher**

**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 NameCity State Zip Primary Phone Secondary Phone  | **TEMPORARY ADDRESS** until mm/dd/yyyyHouse Number and Street NameCity State Zip Primary Phone Secondary Phone  |
| **Type of Employment Desired** [ ]  Elementary (K-5) [ ]  Middle School [ ]  High School [ ]  Substitute Teacher  Indicate subject areas (if applicable) Enter all subjects/ grade bands you are qualified to teach  [ ]  Special Education Enter areas of licensure/ certification [ ]  Speech Language Pathologist Were you previously employed by this district? [ ]  Yes [ ]  NoIf yes, please list the dates employed: From mm/dd/yyyy To mm/dd/yyyyWhen can you begin? mm/dd/yyyy**If applying for a posted position, are you also interested in substitute teaching?** [ ]  Yes [ ]  No |
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| **Current Contract with**:  | Enter Name of School System | **as** | Enter grade and/ or subject you are currently teaching |

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**Teaching Experience:** List most recent position first. Use separate sheet if needed. Enter student teaching experience in the first space if you have never taught.  **Total years experience:** enter total years

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| Dates: From: **mm/yyyy**  To: **mm/yyyy** Number of years and months:**Years and Months** | School Contact Information:Phone: **(###) ###-####** School Name and Address**Enter School Name and Address** | Position(s) held (grades/ subjects taught and any extracurricular/ supplemental duties)**Enter information here** |
| Name of Principal: **enter Principal’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** | School Contact Information:Phone: **(###) ###-####** School Name and Address**Enter School Name and Address** | Position(s) held (grades/ subjects taught and any extracurricular/ supplemental duties)**Enter information here** |
| Name of Principal: **enter Principal’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** | School Contact Information:Phone: **(###) ###-####** School Name and Address**Enter School Name and Address** | Position(s) held (grades/ subjects taught and any extracurricular/ supplemental duties)**Enter information here** |
| Name of Principal: **enter Principal’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** | **Subject Areas** (if applicable) |
| click to select one | mm/yyyy | mm/yyyy | enter grade bands | enter subject areas as listed on your license |
| click to select one | 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 of teacher.**

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| Enter information here |

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

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| 1. Why do you want to be a teacher?Enter information here |
| 2. How do you want your students to view you? Enter information here |
| 3. What do you believe students mean when they say they want a teacher to be fair? Enter information here |
| 4. What does the phrase “student first” mean to you? Enter information here |
| 5. Describe an experience when you clearly had an impact on a child or class. Enter information here |
| 6. Explain your educational goals over the next 5 years. Enter information here |

**Please rate yourself on the following:**

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|  | **Superior** | **Strong** | **Average** | **Below Average** |
| A. Character | [ ]  | [ ]  | [ ]  | [ ]  |
| B. Leadership ability | [ ]  | [ ]  | [ ]  | [ ]  |
| C. Sense of humor | [ ]  | [ ]  | [ ]  | [ ]  |
| D. Knowledge of subject matter | [ ]  | [ ]  | [ ]  | [ ]  |
| E. Power to organize work and manage routine | [ ]  | [ ]  | [ ]  | [ ]  |
| F. Ability to stimulate and challenge pupils | [ ]  | [ ]  | [ ]  | [ ]  |
| G. Relationships with children | [ ]  | [ ]  | [ ]  | [ ]  |
| H. Skill in instruction | [ ]  | [ ]  | [ ]  | [ ]  |
| I. Ability to maintain wholesome disciplinary control | [ ]  | [ ]  | [ ]  | [ ]  |
| J. Ability to work with parents for children’s welfare | [ ]  | [ ]  | [ ]  | [ ]  |
| K. Constructive interest in community affairs | [ ]  | [ ]  | [ ]  | [ ]  |
| L. Ability to cooperate with staff members | [ ]  | [ ]  | [ ]  | [ ]  |
| M. General contribution to life of school | [ ]  | [ ]  | [ ]  | [ ]  |
| N. Ability to improve student achievement | [ ]  | [ ]  | [ ]  | [ ]  |
| 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.

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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. **ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.**

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 Teacher Applicants**

**Application Requirements:**

**Applicants must submit all of the following documents to be considered for employment. Documents should be submitted to** **jobs@smriders.net****.**

1. Complete the application in full.
2. A transcript showing all college work. This may be a student/unofficial copy. An official transcript will be necessary when hired.
3. Copies of all Ohio certificates/licenses you hold. Do not send originals.
4. FBI/ BCI background checks.