



Enter to Learn... Learn to Achieve!

**APPLICANT INFORMATION**

Last Name		First Name		M.I.		Date	
Street Address		Apt. / Unit		City		State	Zip Code
Phone		E-mail Address		Full-Time or Part-Time		<input type="checkbox"/> FT	<input type="checkbox"/> PT
Position Interests	<input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 <sup>st</sup> Grade <input type="checkbox"/> 2 <sup>nd</sup> Grade <input type="checkbox"/> 3 <sup>rd</sup> Grade <input type="checkbox"/> 4 <sup>th</sup> Grade <input type="checkbox"/> 5 <sup>th</sup> Grade <input type="checkbox"/> 6 <sup>th</sup> Grade <input type="checkbox"/> Intervention Specialist <input type="checkbox"/> ESL <input type="checkbox"/> Spanish <input type="checkbox"/> PE <input type="checkbox"/> Music <input type="checkbox"/> Art <input type="checkbox"/> Education Aide <input type="checkbox"/> Admin Assistant <input type="checkbox"/> Bus Driver <input type="checkbox"/> Bus Aide <input type="checkbox"/> Instr. Coach <input type="checkbox"/> Dean <input type="checkbox"/> Principal <input type="checkbox"/> Substitute Teacher (short-term) <input type="checkbox"/> Substitute Teacher (long-term) <input type="checkbox"/> Other _____ <input type="checkbox"/> Substitute Admin. Assistant <input type="checkbox"/> Substitute Bus Driver <input type="checkbox"/> Other _____						

School	<input type="checkbox"/> DSBA (Dayton) <input type="checkbox"/> KCE (Columbus) <input type="checkbox"/> MSE (Cincinnati) <input type="checkbox"/> TSBE (Toledo)	Desired Salary		Available Start Date	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked within this district?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain.		

**EDUCATION**

High / Tech School		City		State	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		City		State	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		City		State	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

**LICENSE / CERTIFICATION / ENDORSEMENT**

Subject	Type	Expires	State

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_ Date \_\_\_\_\_