

**"Equal Opportunity Employer"**

It is the policy of the East Knox Local Schools to grant equal employment opportunity to all qualified persons without regard to race, creed, color, sex, age, national origin, religion, physical or mental handicaps, or veteran status to deny ones contribution to our efforts because he or she is a member of a minority group is an injustice, not only to the individual but to the East Knox Local Schools. It is the intent and desire of the East Knox Local Schools that equal employment opportunity will be provided in employment, promotions, wages, benefits and all other privileges, terms and conditions of employment.

**CERTIFICATED/LICENSED EMPLOYMENT APPLICATION  
EAST KNOX LOCAL SCHOOL DISTRICT  
23201 COSHOCTON ROAD, HOWARD, OH 43028**

For office use only: \_\_\_\_\_

\_\_\_\_\_  
LAST (NAME) FIRST MIDDLE

\_\_\_\_\_  
ADDRESS ( ) PHONE NUMBER  
(AREA CODE)

\_\_\_\_\_  
CITY STATE ZIP

VALID E-MAIL ADDRESS \_\_\_\_\_

LIST IN ORDER OF PREFERENCE; THE GRADES, SUBJECTS, AND/OR POSITIONS FOR WHICH YOU ARE APPLYING:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

**CERTIFICATION/LICENSEURE**

(LIST ALL AREAS IN WHICH YOU HOLD A VALID OHIO AND/OR OUT-OF-STATE TEACHING CERTIFICATE/LICENSE. NOTE--APPLICANTS HOLDING A CERTIFICATE/ LICENSE FROM ANOTHER STATE MUST OBTAIN AN OHIO CERTIFICATE/LICENSE IN ORDER TO TEACH IN OHIO PUBLIC SCHOOLS.)

AREA OF CERTIFICATION/LICENSEURE	ISSUING STATE	DATE ISSUED

HAVE YOU ACQUIRED TENURE/CONTINUING CONTRACT STATUS IN OHIO? YES NO

IF YES, IN WHAT SCHOOL DISTRICT \_\_\_\_\_

DATE AVAILABLE FOR EMPLOYMENT \_\_\_\_\_

Military Service (in months):  
\_\_\_\_\_

	SCHOOL/INSTITUTION AND LOCATION	MAJOR/MINOR	DIPLOMA / DEGREE	CREDIT HOURS EARNED	GRADE POINT AVERAGE (GPA)
HIGH SCHOOL					
COLLEGE/UNIVERSITY					
COLLEGE/UNIVERSITY					
GRADUATE STUDY					
GRADUATE STUDY					

**EMPLOYMENT EXPERIENCE**  
(PRESENT OR MOST RECENT FIRST)

Name of Employer, City & State	Dates Employed (Month/Year)	Yearly Salary	(Area Code) Telephone	Name & Title of Supervisor	Reason for Leaving

Please list activities that you are qualified to supervise and/or coach: \_\_\_\_\_

\_\_\_\_\_

If you have not been previously employed, in a teaching position, please complete the following information for your student teaching experience:

Grade/Subject Taught	Name, City and State of School	Cooperating Teacher

**GENERAL BACKGROUND INFORMATION**

WITHIN THE LAST TEN YEARS, HAVE YOU BEEN FIRED FROM ANY JOB FOR ANY REASON? \_\_\_\_\_ YES \_\_\_\_\_ NO

WITHIN THE LAST TEN YEARS, HAVE YOU QUIT A JOB AFTER BEING NOTIFIED THAT YOU WOULD BE FIRED? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER BEEN PROFESSIONALLY DISCIPLINED IN ANY STATE? \_\_\_\_\_ YES \_\_\_\_\_ NO

PROFESSIONAL DISCIPLINED MEANS THE ANNULMENT, REVOCATION OR SUSPENSION OF YOUR TEACHING CERTIFICATION OR HAVING RECEIVED A LETTER OF REPRIMAND FROM AN AGENCY, BOARD OR COMMISSION OF STATE GOVERNMENT.

ARE YOU SUBJECT TO ANY VISA OR IMMIGRATION STATUS, WHICH WOULD PREVENT LAWFUL EMPLOYMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

REFERRAL SOURCE: ODE/WEB POSTING \_\_\_\_\_ EMPLOYEE \_\_\_\_\_ FRIEND \_\_\_\_\_ OTHER \_\_\_\_\_

IN CASE OF AN EMERGENCY NOTIFY: NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

IT IS UNDERSTOOD AND AGREED THAT EAST KNOX SCHOOLS MAY CONTACT FORMER EMPLOYER(S) FOR VERIFICATION OF MY EMPLOYMENT HISTORY AND THE BUREAU OF CRIMINAL IDENTIFICATION AND INVESTIGATION (BCI) FOR A BACKGROUND CHECK AND I HEREBY CONSENT TO SUCH INQUIRIES.

I UNDERSTAND THAT IF I AM EMPLOYED PRIOR TO THE DISTRICT'S RECEIPT OF THE BCI REPORT AND VERIFICATION OF MY WORK EXPERIENCE, MY CONTINUED EMPLOYMENT WILL BE CONDITIONED ON: 1) SATISFACTORY WORK EXPERIENCES AS VERIFIED BY CONTRACTS WITH FORMER EMPLOYERS; AND 2) RECEIPT OF A REPORT DEMONSTRATING THAT I AM IN COMPLIANCE WITH THE BOARD OF EDUCATION'S RULES AND REGULATIONS REGARDING APPLICANT/EMPLOYEE CRIMINAL RECORDS AND DISCLOSURE OF CRIMINAL CONVICTIONS.

I FURTHER UNDERSTAND THAT FALSIFICATION OF ANY OR ALL INFORMATION ON THIS APPLICATION SHALL RESULT IN MY BEING DISQUALIFIED FROM EMPLOYMENT OR IN MY EMPLOYMENT BEING TERMINATED. BY AFFIXING MY SIGNATURE, I AGREE TO THE CONDITIONS LISTED ON THIS APPLICATION AND WILL, IF EMPLOYED, TENDER MY RESIGNATION OF EMPLOYMENT SHOULD I FAIL TO FULFILL THESE CONDITIONS.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_