

**MARION LOCAL SCHOOLS
CERTIFIED TEACHER APPLICATION
7956 State Route 119
Maria Stein, Ohio 45860**

Return to:
Michael L. Pohlman, Superintendent

Phone: 419-925-4294
Fax: 419-925-0212

Date of application: _____ Date available: _____

Social Security # _____

Name: _____
Last First M

Present Address:

Street City State Zip

Telephones: Cell _____

School/Work: _____

Licensure:

Please list all valid Ohio licensure and endorsements that you currently hold. Include photo copies of license(s) with these application materials.

Educational Background:

High school, colleges, universities attended Dates Degree

Full-time Teaching Experience: (120+ days, list in reverse chronological order)

School District Name Grade/Subject Yrs. From To

Total # of years full-time employed _____

Non-Teaching Work Experience:

Please list non-teaching work experiences which have helped to develop your all around people skills.

Extra-Curricular Activities:

Please list extra-curricular activities that you would consider coaching or directing once you became a Marion Local employee.

- | | | |
|--|---|--|
| <input type="checkbox"/> Golf | <input type="checkbox"/> Track | <input type="checkbox"/> Class Advisor |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Baseball | <input type="checkbox"/> Club Advisor |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Softball | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Football | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> National Honor Society | |

Please list extra-curricular activities that you currently direct or have directed:

Essay Question: The Marion Local Superintendent and Board of Education are interested in what traits or qualities distinguish you from the average teacher candidate? What gains will be realized by the Marion Local students, staff, and community members through your hiring? Please handwrite and limit to the space below.

Tenure Status: Do you hold tenure as a teacher in Ohio? Yes No

Have you ever had a teaching contract non-renewed in Ohio or another state for any reason? Yes No If yes, please explain: _____

References: List below names of professional references and community people, who have first-hand knowledge of your professional work, character, personality, and scholarship. *Feel free to attach a reduced photocopy of a typed list of references.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Title</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Please list community organizations in which you actively participate, in either your hometown or school community. In addition, list professional organizations.

Contract Status: Please give a brief explanation of your current contract status.

Current district/company: _____

Expiration date: _____

Contract type: _____

Ethical Standards: Have you experienced any problems with your conduct or misconduct or allegations of either that have brought your character into issue outside or inside of school/work?

Yes No If the answer is yes, please explain on a separate sheet.

The Marion Local School System routinely completes a records check on new employees and your initials are needed to indicate that you grant permission for the district to complete a police/B.C.I. records check if you are placed in final consideration for this position.

I have no problem with submitting to a records check, _____
(Initials)

Application Process

- ___ 1. Cover Letter
- ___ 2. Completed District Application
- ___ 3. Current Resume
- ___ 4. Copy of Certificate(s)
- ___ 5. Unofficial Copies of Transcripts
- ___ 6. Credential File/Recommendations
- ___ 7. Proof of Praxis II/Highly Qualified Teacher

Certification of Applicant

I hereby authorize the Marion Local Schools to obtain from my employers all data needed to support this application. I hereby authorize Marion Local Schools to obtain from the references listed any information needed to support this application. I certify that the information given in this application is true to the best of my knowledge and that I am certified/qualified to hold the position indicated.

Signature

Date

Equal Opportunity Employer

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.

