

***Williamsburg Local School District
549-A West Main Street
Williamsburg, Ohio 45176-1197***

Telephone Numbers:

(513) 724-3077 – Superintendent’s Office

(513) 724-7970 – Treasurer’s Office

Facsimile Number:

(513) 724-1504 – Superintendent’s & Treasurer’s Office



“An Equal Opportunity Employer”

CERTIFIED POSITION APPLICATION

Full Name [Please Print]

Teaching Position Applying For:

Date Completed

It is the policy of the Williamsburg Local School District that educational activities, employment, programs, and services are offered without regard to race, color, national origin, gender, religion, handicap, or age.

PERSONAL:

Name _____
(Last) (First) (Middle) (Maiden)

Mailing Address: _____
(No. & Street) (City) (State) (Zip)

Telephone () _____ - _____ / Cellular () _____ - _____

Permanent Address: _____
[If Different Than (No. & Street) (City) (State) (Zip)
Mailing Address]

Telephone () _____ - _____ / Cellular () _____ - _____

Social Security Number _____ Are You a United States Citizen?
_____ - _____ - _____ Yes / No

Military Experience _____
(Branch) (Years) (Months)

Person to contact in case of an emergency: _____
(Name - Please Print) (Relationship to You)

Telephone () _____ - _____ / Cellular () _____ - _____

PROFESSIONAL PREPARATION:

High School _____
(Name) (Location) (Graduation Date [MM/YY])

	DATES		
	ATTENDED	MAJOR	DEGREE
Undergraduate School	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Graduate School	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Quarter hours are reduced by 1/3 equal semester hours) ... TOTAL SEMESTER HOURS: _____

STUDENT TEACHING: (Omit if you have two or more years of experience)

Name and Location of School	Cooperating Teacher	Grade	Subject	Dates	# of Weeks
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PROFESSIONAL EXPERIENCE: (Regular full-time teaching under contract – NO SUBSTITUTING)

School	Complete Address	From	To	Grade / Subject
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total years of teaching experience: _____

Reason for leaving present or last position? _____

Are you now or have you ever held tenure as an Ohio teacher? _____

If Yes, name of school district: _____

OTHER EMPLOYMENT EXPERIENCE – List Most Recent First

Employer	From	To	Position Held	Supervisor/Reference	Phone
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

RESUME:

Each candidate must submit a resume in order for any application to receive consideration.

CERTIFICATION / LICENSURE: _____

OHIO CERTIFICATION / LICENSURE #: _____

Subject Areas _____ Effective Date _____

REFERENCES: List four individuals having personal knowledge of your professional training, ability, experience, and personal character. Include the name, address, and telephone number of your last administrator.

1. Name _____ Title/Relationship _____

Address: _____ Phone () _____ - _____

2. Name _____ Title/Relationship _____

Address: _____ Phone () _____ - _____

3. Name _____ Title/Relationship _____

Address: _____ Phone () _____ - _____

4. Name _____ Title/Relationship _____

Address: _____ Phone () _____ - _____

ADMINISTRATOR:

Name _____ Title _____

District _____ Phone () _____ - _____

College credentials (placement folder) may be secured from: (Name and Address) _____

Current Contract with _____

(School System)

(Grade or Subject)

I understand that if I am *considered* for a position with the Williamsburg Local School District I will be required to produce the following documentation before recommendation to hire is presented to the Board of Education:

* B.C.I.I.

* FBI Background Check

* Negative TB Test Result

* In order for documentation to be valid must be dated within the last twelve (12) months from the proposed date of hire.

I certify that all the statements made by me in this application are true, complete and correct to the best of my knowledge and that I am aware that any false statements will be sufficient cause for rejection or dismissal.

Applicant Signature: _____ Date: _____

PLEASE RETURN COMPLETE FORM TO:

Williamsburg Local School District, Attention: Superintendent's Office

549-A West Main Street, Williamsburg, Ohio 45176-1197

NOTE: APPLICATIONS WILL BE KEPT ON FILE AND ACTIVE FOR ONE (1) YEAR OR UNTIL APPLICANT HAS ACCEPTED EMPLOYMENT.

Form Revised: December, 2015