

Kelleys Island Local

School



528 Division Street (P.O. Box 349) ♦ Kelleys Island 43438 ♦ (419)746-2730 ♦ Fax (419) 746-2271 ♦
www.kelleys.k12.oh.us

Kelleys Island Local School is an equal opportunity employer and as such, consistent with applicable federal and Ohio Law, does not discriminate on the base of race, color, religion, gender, age, ancestry, national origin, disability, or handicap.

APPLICATION FOR CERTIFICATED EMPLOYMENT

(PLEASE PRINT) DATE:

NAME: TELEPHONE: ()
Last First Middle

For the purpose of checking references and verifying employment, have you used or been known by any other name(s) or aliases (ex., nicknames, maiden names, married names, etc.)?

If so, please list:

E-MAIL: CELL PHONE: ()

ADDRESS:
Street & No. City State Zip

POSITION DESIRED: Administrator Teacher

JOB PREFERENCE: Full-time Part-time Subject/Field: PRESENT SALARY:

SALARY EXPECTED:

Are you presently under a contract with a school district? Yes No If yes, name of school district:

Have you ever held a continuing contract (tenure) in Ohio? Yes No If yes, name of school district:

OHIO DEPT. OF EDUCATION LICENSE NUMBER:

Type: Field/Grade:

Type: Field/Grade:

Type: Field/Grade:

PROFESSIONAL ORGANIZATIONS:

HONORS or AWARDS:

Professional Preparation

| | Institution & Location | Major/Minor | Degree | Grad. Date |
|---------------|------------------------|-------------|--------|------------|
| Undergraduate | | | | |
| | | | | |
| Graduate | | | | |
| | | | | |

Employment History

List experience starting with your present position. For employment verification purposes, please include complete addresses and phone numbers. Attach additional sheet if necessary.

| Employer | Job Title | Dates Employed | |
|---|-----------|----------------|----|
| | | From | To |
| Address (<i>street, city, state, zip</i>) | | | |
| Telephone Number(s) | | | |

| Employer | Job Title | Dates Employed | |
|---|-----------|----------------|----|
| | | From | To |
| Address (<i>street, city, state, zip</i>) | | | |
| Telephone Number(s) | | | |

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| Address (<i>street, city, state, zip</i>) | | | |
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| Employer | Job Title | Dates Employed | |
|----------|-----------|----------------|----|
| | | From | To |

| | | |
|---|--|--|
| Address (<i>street, city, state, zip</i>) | | |
| Telephone Number(s) | | |

Revised 10/17

References

Complete the CONSENT TO CONDUCT A BACKGROUND INVESTIGATION AND RELEASE enclosure

1.
Name Position/Title

Address Telephone
2.
Name Position/Title

Address Telephone
3.
Name Position/Title

Address Telephone

Candidate's Section

Please complete this section in your own handwriting. If more room is needed, attach a separate sheet. Please present in narrative style your philosophy of education. If you do desire, you may elaborate on any of the questions or information in this application.

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Please respond to all of the following questions

1. Have you ever been convicted of, found guilty of, or pled guilty to any misdemeanor Yes* No other than traffic offenses?

If yes, please explain:

2. Have you ever been convicted of, found guilty of, or pled guilty to any felony? Yes* No If yes, please explain:

3. Have you ever had a criminal conviction sealed or expunged? Yes* No If yes, please explain:

4. Have you ever had a teaching license/certificate limited, suspended or revoked? Yes* No If yes, please explain:

5. Have you ever surrendered a teaching license, certificate or permit? Yes* No If yes, please explain:

6. Has termination proceeding under ORC 3319.16 or comparable state law ever been Yes* No initiated against you?

If yes, please explain:

* "Yes" answers to the questions will not necessarily result in denial of employment. The Kelleys Island Local School will consider all the circumstances, including the date and nature of events which have led to the actions described. Your written explanation will assist the school in determining your eligibility, qualifications and suitability for employment. Attach additional sheets/ information if necessary.

READ CAREFULLY BEFORE SIGNING: I do hereby certify the above information to be complete and correct to the best of my knowledge, and do understand that deliberate errors or omissions may disqualify me. I understand that this application will be considered active for twelve (12) months from the date filed. If I am hired, it becomes part of my official employment record. I agree that any claim or lawsuit relating to my service with the school must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Applicant's Signature: Date:



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CONSENT TO CONDUCT A BACKGROUND INVESTIGATION AND RELEASE

Kelleys Island Local Schools

I, _____ [applicant's name], have applied for employment with the Kelleys Island Local School to work as a _____ [job title]. I understand that in order for the school to determine my eligibility, qualifications and suitability for employment, the school will conduct a background investigation. The investigation may include asking my current and any former employer and educational institution I have attended about my education, training, experience, qualifications, job performance, conduct and evaluations, as well as, confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I would be rehired, reasons for not rehiring (if applicable), and similar information.

I hereby give my consent for any employer, educational institution and/or any other individual to release any information requested in connection with this background investigation.

According to the Family Education Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any education institution.

I waive _____ / do not waive _____ (*initial only one*) my rights to see any written reference or other information provided to the school or its agents by any educational institution.

I waive _____ / do not waive _____ (*initial only one*) my rights to receive a copy of any written communication furnished to the school or its agents by any employer.

Whether or not I have waived my rights to see or to receive copies of written references furnished to the

school by employers or educational institutions, I hold harmless and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that furnishes written or oral references requested by this school or its agents to complete its background investigation.

A photocopy or facsimile (“fax”) copy of this form that shows my signature shall be as valid as an

original. Dated this _____ day of _____, 20 ____.

Applicant

Witness

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