

HILLSDALE LOCAL SCHOOLS APPLICATION

(Administrators, Teachers and Specialists)
479 Twp. Rd. 1902, Jeromesville, OH 44840
Phone: 419-368-8231 Fax: 419-368-7504
Website: www.hillsdale.k12.oh.us

Date _____

(This application will remain active for 12 months; please contact us if you wish to renew it).

1. Name _____
Last First Middle E-mail Address

Other names which may appear on official documents (e.g. maiden) _____

2. PRESENT ADDRESS _____ Cell Number _____

3. PERMANENT ADDRESS (if different than above) _____

4. PRESENT POSITION _____ EMPLOYER _____

5. POSITION DESIRED (indicate first choice, second choice, ex. 1,2,3 etc., for which you are qualified)

_____ Early Childhood (Pre K-3)	Special Education:
_____ Middle Childhood (4-9)	_____ Intervention Specialist
_____ Adolescent-Young Adult (7-12)	_____ Interpreter
_____ Multi-age	_____ Speech/Language Pathologist
_____ Guidance Counselor	_____ School Psychologist
_____ Administrative/Principal	
_____ Administrative Specialist (type) _____	
_____ Vocational (area) _____	
_____ School Health Nurse (School Health Service Provider)	Other _____
_____ Consultant	

6. DO YOU HOLD A CURRENT OHIO LICENSE? _____ License Number _____

License Type _____ (2 yr. Prov., 5 yr Professional, Lead, Senior, 8 yr. Prof., Permanent)

License Level _____ Issued When _____ Expires _____
(i.e. Early Childhood, Middle Childhood, Adolescent/Young Adult, Multi-Age)

CONCENTRATION AREA/S LISTED ON LICENSE _____
(i.e. Math, Language Arts, Social Studies, Science)

TEACHING FIELD AND GRADE LEVEL (if Multi-age) _____

OUT OF STATE LICENSE _____
(State and License incl. subjects listed on licensure)

7. **SPECIAL APTITUDES/INTERESTS:**
 Art _____ Drama _____ General Music _____ Piano _____ Computer _____ Technology _____

Other Skills: _____

Extracurricular/s: _____

Advisory (Clubs, Councils, etc.) _____

8. **TRAINING**

	School or Institution Name	Course	Diploma or Degree	Semester Credit Hours	Quarter Hours Credit
High School					
Undergraduate College					
Graduate Work					
Special (Other)					
TOTAL HOURS (Undergraduate/graduate)					

9. Total hours credit for courses in education: Semester _____ Quarter _____

10. Activities in High School and College, such as Speech, Dramatics, Clubs, Athletics, Special Honors, etc.

High School _____

College _____

11. **MILITARY EXPERIENCE (Branch)** **Number of Months**

12. WORK EXPERIENCE (Administration, teaching or other than education)

Name of School or Institution and Location	Grade/Subjects Taught or Position Held	Dates: From – To	Number of Years

Total Number of Years in Education _____

13. Number of days of accumulated sick leave, if any: _____

14. Present Salary _____

15. Professional Organization/s in which you hold membership/s _____

16. Have you held a continuing contract in an Ohio school district? _____

If Yes, Name of District _____

References: Give four (4) references, including superintendents and principals under whom you have taught, and have first-hand knowledge of your character, personality, scholarship and teaching ability. If a beginning teacher, include references on file at the Teacher Placement Office of a College or University, please request that these be sent to our office to be included with your application file and note this here: _____

Name	Address & Phone	Official Position

READ CAREFULLY

All applications for employment are subject to a criminal records check through the Bureau of Criminal Identification and Investigation and Federal Bureau of Investigation pursuant to the authority of Section 3319.32 and Section 109.57, Revised Code.

Please see the following list of disqualifying crimes:

- | | | |
|---|--|--|
| Aggravated Murder | Corruption of a Minor | Illegal Use of a Minor in Nudity-Oriented |
| Murder | Gross Sexual Imposition | Material/Performance |
| Voluntary Manslaughter | Sexual Imposition | Aggravated Robbery |
| Involuntary Manslaughter | Importuning | Robbery |
| Felonious Assault | Voyeurism | Aggravated Burglary |
| Aggravated Assault | Public Indecency | Burglary |
| Assault | Felonious Sexual Penetration | Abortion Without Informed Consent |
| Failing to Provide for Functionally Impaired Person | Compelling Prostitution | Endangering Children |
| Aggravated Menacing | Promoting Prostitution | Domestic Violence |
| Patient Abuse or Neglect | Procuring | Carrying Concealed Weapons |
| Kidnapping | Prostitution | Having Weapons while Under Disability |
| Abduction | Disseminating Matter Harmful to Juveniles | Improperly Discharging Firearm at or into Habitation or School |
| Child Stealing | Pandering Obscenity | Corrupting Another with Drugs |
| Criminal Child Enticement | Pandering Obscenity Involving a Minor | Drug Trafficking |
| Rape | Pandering Sexually Oriented Material Involving a Minor | Alteration of Food |
| Sexual Battery | | |

I have read the above list of disqualifying crimes _____
Employee Signature

Employment Provisions (Signature required below)

I understand that due to the length of time required for completion of the criminal background check, it may be necessary to employ a person prior to the Board of Education having received the results of the criminal records investigation. In these cases, the Board of Education shall rely on the information provided in the employment application. However, by signing this document I specifically agree that if I am employed by the Board of Education prior to its receipt of a response from B.C.I., and F.B.I. that my employment shall be contingent upon subsequent receipt by the Board of Education of a report from B.C.I. which is consistent with my answer to the above question. In the event I have been employed prior to the Board of Education having received a report from B.C.I., and a subsequent report from B.C.I. and F.B.I. is received which is not consistent with my answer to the above question, I specifically agree that the action of the Board of Education employing me shall be void without any further act by either party, and that my employment will terminate immediately without the necessity of proceedings to formally terminate my contract of employment.

Employee Signature: _____ Date _____

Mail or Email application to:

Hillsdale Local Schools
Dr. Catherine Trevathan, Superintendent
479 Twp. Rd. 1902
Jeromesville, OH 44840

ctrevathan@hillsdalelocalschools.org