

Application for Employment
An Equal Opportunity / Affirmative Action Employer

Bryan City Schools page 1 of 4
 1350 Fountain Grove Drive
 Bryan, Ohio 43506 rev. 1/03

Positions Applying for:

**** For Office use Only ** ** Date received: ****

Date of Application:

Personal Information

Professional Information

1. Name in full: (Last) (First) (Middle)

9. Present Salary: \$
 Least salary you would accept, per year. \$

2. Social Security Number:

10. Describe the valid Ohio certificate/license you possess:

3. Present Address:
 (Street and Number) (City) (State) (Zip code)

Grade - Type -
 Grade - Type -
 Grade - Type -

4. Permanent Address:
 (Street and Number) (City) (State) (Zip code)

11. Are you legally eligible for employment in the United States? Yes No
 12. Are you under contract for next year? Yes No
 13. Indicate the number of years of experience in qualified activities:
 NOTE: Place a check next to the activity of which you have no
 experience but have an interest in coaching or directing.

5. Telephone: (Daytime) (Evening)
 E-mail address:

___ Baseball ___ Basketball ___ Cheerleader ___ Class Advisor
 ___ Cross Country ___ Dramatics ___ Football

6. Do you have any physical impairments that would prohibit you from
 performing in the job for which you are applying? Yes No
 If yes, explain:

___ Golf ___ Newspaper ___ Quiz Bowl ___ Soccer
 ___ Softball ___ Swimming ___ Tennis ___ Track
 ___ Volleyball ___ Wrestling ___ Yearbook

7. Military Service Experience: Yes No
 Branch of Service -
 Where - When - (Dates)

Other:
 14. Total number of years in public school service:
 15. Total number of years in non-public school service:

8. Have you ever been convicted of a felony? Yes No

16. When could you begin work here?

**** For Office use Only ****

Interviewed by: Date: Comments:
 Interviewed by: Date: Comments:

Educational and Professional Preparation of Applicant

High School / Location: _____

Applicant Name: _____

College Degree	Name of Institution	State	Major	Minor	Graduation Date (mo./yr.)

College Credit Earned After Bachelor's Degree	Name of Institution	State	Year	Subjects / Certificate / License	Hours - specify Sem. or Qtr.	

List Honors Received and Special Achievements:

Internship or Practicum or Field Study or Student Teaching	Name of Institution	State	Year	Subjects Grade Level	Name of School / District and Cooperating Teacher	

Teaching Experience

(list all experience in chronological order from current to past)

Applicant Name:

# of Yrs.	Inclusive Dates	Name of School	Location	Grades Subjects Positions	Annual Salary	Principal's Name	Present Address of Principal
	From To		City State				

Total Years of Teaching Experience:	Public:	Private:
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Experience Other Than Teaching

(list all practical experience other than teaching)

Work Type	Inclusive Dates	Location	Name of Employer	Address of Employer
	From To	City State		

List specially-developed talents outside your teaching specialty:

References

Applicant Name: _____ rev. 1/03

List any superintendents, supervisors, and principals who are familiar with your professional success. If you have had no teaching experiences, give the names of your college instructors with whom you have taken your major subjects. You need not list individuals whose references are included in confidential placement bureau papers.

Name:	Official Position at Present:	Present Address and Current Phone Numbers: daytime and evening

Attach current resume' and/or complete registered placement bureau information below.

List Your Registered Placement Bureaus - (Applicant is responsible for requesting placement papers to be sent to Bryan City Schools)

Bureau Name:	Address:

Additional Information

Please supply additional information which you believe will assist us in arriving at a true estimate of your qualifications, and state your reasons for wanting to come to Bryan City Schools.

Please read carefully before signing:

I certify that the information given by me on this application and any supplement is true and correct to the best of my knowledge. I understand that false statements on this application may result in termination of employment.

Signature of Applicant:	Date:		***** For Office Use Only *****		Official Date of Board Action
					Official Date to Begin Service