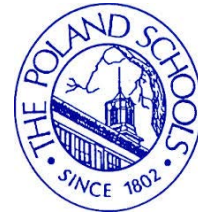


THE POLAND SCHOOLS
3199 Dobbins Road
Poland Ohio, 44514

The Poland Local School District does not discriminate on the basis of race, color, creed, national origin, sex, or handicap in employment opportunities or educational programs and activities operated by the District.



CERTIFIED/ADMINISTRATION APPLICATION

Date of Application: _____ **Educational Position Sought:** _____

Name: _____

Last **First** **Middle**

Address: _____

Street **City** **State** **Zip**

Home Phone: _____ **Cell Phone/Other:** _____

EDUCATION:

High School Attended	Dates Attended	Date of Graduation
_____	_____	_____
_____	_____	_____
_____	_____	_____

College or University	Dates Attended	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate the subject area and grade level in which you did your student teaching and your final grade:

Final Grade: _____. **List your college major and minor fields (and number of credit hours in each, if known, ie. semester or quarter hours):** _____

LICENSURE-CERTIFICATION AND EDUCATIONAL EXPERIENCE:

Type	Grade Level	Valid from-to Dates	Areas listed on license
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the educational teaching positions you have held with dates of employment:

School District	Subject Taught	Dates	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total years of teaching experience: _____

Indicate if you have ever held tenure in an Ohio public school district. ____ Yes ____ No

Will you submit to a physical examination at your own expense if requested? ____ Yes ____ No

Indicate if you ever had a teaching licensure certificate non-renewed or terminated. ____ Yes ____ No

MILITARY SERVICE:

Branch	Type of Discharge	Dates	Total Years
_____	_____	_____	_____

PROFESSIONAL AND SERVICE ORGANIZATIONS:

List membership in clubs, professional and service organizations (you may exclude memberships which would reveal race, gender, religion, national origin, ancestry, handicap or other protected status):

EXTRA-CURRICULAR ACTIVITIES:

As a student _____

Prepared to direct _____

Hobbies _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

Name/Relationship	Address	Telephone
_____	_____	_____

REFERENCES: (Give the name of three persons not related to you, whom you have known at least one year.)

Name	Address	Business	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PHYSICAL RECORDS: Do you have any physical limitations that preclude you from performing any work for which you are being considered: No Yes. If yes, please describe: _____

I certify that the facts contained in this application are true and complete and understand that, if employed, falsified statements on this application shall be just cause for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all and release all parties from all liability that may result from furnishing same to you.

NOTE: Applications are considered active for one year from date of receipt. if you wish consideration for the ensuing school year, you should notify the district office to reactivate your application.

Date Signature

This form has been designed to strictly comply with State and Federal Fair Employment Practice Laws prohibiting employment discrimination. If you are employed, a valid license, official transcripts, criminal records check, proof of citizenship, homeland security form and driver's license will be required.

Position: _____ Board Meeting Hiring Date: _____

(Please download and complete application, save and print. You can mail to Poland Bd. Of Ed. at 3199 Dobbins Rd., Poland, Ohio 44514 or scan and email to Dfetherolf@polandschools.org)