

**APPLICATION FOR EMPLOYMENT
CERTIFICATED / LICENSED STAFF
HILLSBORO CITY SCHOOLS**

HILLSBORO CITY SCHOOLS IS AN EQUAL OPPORTUNITY EMPLOYER

_____	_____	
Date of Application	Date Available	

Last Name	First Name	Middle
_____		_____
Address (Number and Street)	Home Phone	
_____		_____
City, State and Zip	Cell Phone	
_____		_____
Email Address: _____		
Social Security Number: _____		
Other names under which transcripts, certificates and former applications may be listed: _____		

EMPLOYMENT DESIRED		
Circle preferences:		
_____ K	1 2 3 4 5	_____ 6 7 8
_____ 9 10 11 12		
Elementary School	Middle School	High School
_____ Special _____	Subjects in order of Preference:	
(Area)		
_____ Administration		

EDUCATION				
Area(s) of licensure: _____				
Name of University/College	Date	Degrees Received	Major(s) Sem. Hrs.	Qtr. Hrs.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CERTIFICATION / LICENSURE

Teaching or Licensure Area	Grade Level/Range	Prov. Prof. Or Permanent Lic/cert	Expires	State

OTHER INFORMATION

Are you presently under contract to any Board of Education? Yes No Expiration Date _____

If yes, indicate Employer _____ Type of Contract _____

Have you attained tenure/continuing education contract status in any school district? Yes No

If yes, indicate the school district, state and the date you were awarded a continuing contract:

Are you legally eligible to work in the United States? Yes No Proof of U.S. citizenship will be required prior to employment. (Immigration Reform and Control Act of 1986)

Have you served in the armed forces of the United States? Yes No Branch _____

Active Duty From _____ to _____ Rank when separated from active service _____

TEACHING EXPERIENCE

List all teaching experience including student teaching beginning with most recent. Attach page if needed.

School Year	Beginning Month/Yr.	Ending Month/Yr.	Name and Address of School	Subject/ Grade	Reason for Leaving

PROFESSIONAL REFERENCES

List names of professional educators capable of judging your teaching competence or potential. Beginning teachers must include cooperating teacher or university supervisor for student teaching experience. Experienced teachers must include administrators with whom you have worked.

Full Name of Reference	Position/ Responsibility	Complete Address	Phone Number

NON-TEACHING WORK EXPERIENCE

Name of Employer	Complete Address	Beginning Mo/Year	Ending Mo/Year	Kind of Work

SPECIAL INFORMATION

Check any of the following activities that you are qualified to coach or direct. Use a double check to show actual coaching or directing experience. Give additional information if you desire.

- | | | | |
|--|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Chorus |
| <input type="checkbox"/> Class Sponsor | <input type="checkbox"/> Cross-Country | <input type="checkbox"/> Debate | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Drill Team | <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Marching Band | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Student Council | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Yearbook | |

Clubs: _____ Other: _____

REFERENCES FOR COACHING AND OTHER EXTRA CURRICULAR ACTIVITIES

Full Name of Reference	Position	Employer/Sponsor/Organization	No. of Years

List membership in professional organizations, published works, academic honors or similar experiences that have contributed to your professional preparation.

CANDIDATE'S STATEMENT

Attach a sheet to present in your handwriting a brief summary of why you chose teaching as a profession and describe your teaching style.

DISCLOSURE STATEMENT

I certify that all the statements made by me in this application are true, complete and correct to the best of my knowledge. I also certify that I have not been convicted of any felony. I am aware that any false statements will be sufficient cause for dismissal from any position I may hold for the Hillsboro City School District.

I understand that the Board of Education may want to verify the statements I have made in this application. I hereby give my permission for the Hillsboro City School District or its authorized representatives, either at this time or at any time during my employment with the board to make inquiries of past employers and other persons and entities, whether listed among my references or not, for the purpose of determining my qualifications and fitness for the position. I further give my permission for the district to request and review any of my medical records, employment records, court records and police records from any local, state, or federal agency keeping such records.

I agree to complete the required tuberculosis screening and the criminal background check and provide the results to the district. I understand that if the report from the Ohio Bureau of Criminal Identification and Investigation and the Federal Bureau of Investigation is not received prior to my hiring, my contract of employment is conditioned upon those results being satisfactory to the board of education.

I understand that the completion of this document is required for further consideration of my application.

Signature of Applicant

Date

APPLICATION PROCESS

Include the following with your application:

- Copy of College Transcripts
- Completed application with signature
- Copy of certificates/licenses you have
- Resume
- Candidate's statement

Once a candidate is considered a finalist for the position, the following is required:

- Official College Transcripts
- Completed background check from the Bureau of Criminal Identification and Investigation
- Completed background check from the Federal Bureau of Investigation

Submit by mail or email to:

Roger Zimmerman,
Hillsboro City Schools
338 West Main Street
Hillsboro, Ohio 45133
rzimmerman@hcs-k12.org

Watch for postings on our district website at: www.hillsboro.k12.oh.us