

CERTIFICATION / LICENSURE

Please include a copy:

Teaching or Certification Field (e.g., Mathematics)	Grade Level / Range (e.g., Grades 4-9)	Prov., Prof. or Permanent License or Certificate	Expires	State
--	---	---	---------	-------

OTHER INFORMATION

Please provide titles, scores and dates of any professional or educational tests you have taken.

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 or eligibility for U.S. employment will be required prior to employment. (Immigration Reform and Control Act of 1986)

Are you or have you been a member of a State Teacher Retirement System? yes no

Other Retirement system? yes no

MILITARY SERVICE RECORD

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

Dates served (Active Duty):

From _____ to _____ Rank when separated from active service _____

TEACHING EXPERIENCE

Start with present or most recent employer and list all teaching experience including student teaching. (Attach a second sheet, if needed)

School Year	Beginning Month/Day	Ending Month/Day	Name and Address of School	Subject/Grade	Reason for leaving

PROFESSIONAL REFERENCES

List names of professional educators (not related to you) 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: Street, City, State, Zip	Telephone

NON-TEACHING WORK EXPERIENCE

Name of Employer	Complete Address: Street Number, City, State, Zip	Beginning Mo/Day/Yr	Ending Mo/Day/Yr	Kind of Work

SPECIAL INFORMATION

Check any of the following activities that you might be interested in and that you qualify to coach or direct. Use a double check to show actual coaching or directing experience. Give additional information if you desire.

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

Clubs: _____

Other: _____

EXPERIENCE SUPERVISING ATHLETICS & OTHER EXTRA CURRICULAR ACTIVITIES

Activity	Employer/Sponsor/Organization	No. Years

References for Supervising Athletics & Other Extra Curricular Activities

Full Name of Reference	Position/Responsibility	Complete Address: Street Number, City, State, Zip	Telephone

List membership in professional organizations, published works, academic honors or similar experiences which 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 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

Applicant's Signature

Date

APPLICATION PROCESS

Include:

- Completed application with signature
- Copy of certificates/licenses
- Resume if desired
- Copy of BCI & I report and TB screening if reported within the last 12 months
- Transcripts
- Candidate's statement

Submit to:

Karen Newland, Director of Personnel
Hillsboro City Schools
338 West Main Street
Hillsboro, OH 45133

Thank you for applying to our school district

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

Hillsboro City Schools is an Equal Opportunity Employer