(-)	OF	OFFICE USE ONLY				
PLYMOUTH-S 365 Sandusky St Plymouth, OH 44 419-687-4733 (Fa www.plymouthsh	Credentials Enclose Transcripts Enclose Resume Enclosed Incomplete		1			
Date						
Name	First	Middle or Maiden Name				

Present Address_					Home Phone (	_)		
_	Street City	State	Zip		Day Phone ()_			
E-mail Address					Cell Phone ()_			
Please list a perso	n through whom we may re	each you if necessary ·	- Name		Phone (_	)		
Are you presently u	under contract () Yes	() No If yes, to	whom		Current	Year Salary \$		
Have you been em	ployed under a continuing	contract in Ohio? (	)Yes ()No	If yes, with whom				
Total Years of Tea	ching Experience	Date Av	ailable to Start _		Have you lived in Ohio for th	he past 5 years?	()Yes (	) No

OHIO LICENSUR	E		
Teaching areas listed on license	License Number	Issue Date	Expiration Date

ACADEMIC PREPARATION/TRAINING				
Name of Institution and Location	Degree(s) Earned	Major/Minor	Number of Semester Hours	

HIGHLY QUALIFIED STATUS					
To meet the federal definition of Highly Qualified you must have a minimum of a bachelor's degree, a full state certificate/license in the teaching area and one of the following:					
Please indicate & provide how you are a highly qualified teacher.					
Appropriate NTE/Praxis II – State Licensing Exam     Academic major or equivalent in content area     Appropriate master's degree     8 -year Professional certificate     Permanent certificate     National Board certification     Expanded HQT Rubric     90 Clock hours of appropriate LPDC approvable professional development     Do NOT meet HQT definition					

S	TUDENT TEACHI	NG/INTERNSHIP		
Name of School, City and State	Grades/Subjects Taught	Supervising Teacher - Home & Work No.	Da From	tes To

SUBST	ITUTE TEACHING	i (list most recent first)		
Name of School, City and State	Grades/Subjects Taught	Principal's Name - Home & Work No.	ites - Mo/Yr	Total DAYS

	TEACHING EXPERIENCE (list most recent first) ( in Ohio, 120 or more days experience in the same school district equals one year)					
Name of School/Address	Grade/Subjects Taught	Principal's Name - Home & Work No. <b>AND</b> Reason for Leaving		tes - Mo/Yr	Total Years	

EXTRA/CO-CURRICULAR ACTIVITIES/COACHING (list most recent first)				
Name of School, City and State	Activity or Coaching Position	Total Years		
List any activities/coaching you would be willing to consider				

	MILITARY EXPERIENCE	
Branch of Service	Current Commitment	Discharge Status and Total Years
		1)

(ATTACH A COPY OF DISCHARGE PAPERS WITH APPLICATION)

PROFESSIONAL REFERENCES					
Name	Title	Home & Work Phone Numbers			

LEGAL DISCLAIMER (attach additional information if necessary)				
With the understanding that falsification of any information furnished on this application is grounds for the rejection of this application or dismissal after my employment (if I am hired), I certify that all such information is true and complete to the best of my knowledge, and I hereby authorize agents of the Plymouth-Shiloh Local Schools (PSLS) and those acting in accordance with their direction to investigate same. I understand that any such investigation may include, but need not be limited to, an inquiry to the Ohio Bureau of Criminal Identification and Investigation (BCI) and to other law enforcement agencies; I accordingly agree to cooperate promptly and fully during the application process in being fingerprinted and otherwise in completing and signing all forms required for any such inquiry, and I acknowledge that my failure to cooperate shall cause the rejection of my application.				
Further, I hereby give my permission to the BCI and other law enforcement agencies, as well as any and all other persons and entities who might have knowledge concerning information that I have provided on this form, to disclose to agents of the PSLS and those acting in accordance with their direction all pertinent information in their possession (except to the extent that I have expressly stated otherwise on this form), and I release those so requesting, receiving, and providing that information, and their respective agents and principals, from any and all liability in connection therewith to the full extent permitted by law, and I voluntarily authorize PSLS to contact any references whose names I have submitted. I voluntarily release PSLS and any persons providing information from any liability and claims relating to the use of information obtained.				
Due to the length of time required for the completion of required background checks, and in accordance with state law, employment is contingent upon not receiving any disqualifying convictions. In the event the Board of Education has taken action prior to the receipt of such reports, such action <b>shall be void</b> without further act by either party, and that my employment will terminate immediately without the necessity of proceedings to formally terminate my contract of employment.				
Applicant's Signature Date				
IT IS THE POLICY OF THE PLYMOUTH-SHILOH BOARD OF EDUCATION THAT THE BEST-QUALIFIED APPLICANT SHALL BE SELECTED FOR EACH POSITION WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX OR MARTIAL STATUS.				

## WE WILL CONTACT YOU IF SELECTED FOR AN INTERVIEW

## ADDITIONAL INFORMATION

The following questions are a very important part of our interview process. Please reflect upon them carefully, and give us your candid responses. Please answer each of the questions below.

- 1. What are your three most important reasons for wanting to be a teacher?
- 2. In your previous work experiences, in what ways have you been most helpful to your employer/fellow employees?

- 3. What three things do you most want to know about your students?
- 4. What do you need to know in order to begin your lesson planning for a class?

5. What four key components do you believe you must include in your plan?

6. When you think about your students, in what major ways do you most want to influence their lives?

7. What do you find to be the most effective ways to assess student learning?